

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90085 032 \*\*\*150.00

DOCUMENT # P95000004427

1. Corporation Name

AIRDEX AIR CONDITIONING CORPORATION



Principal Place of Business  
9292 49TH STREET N.  
PINELLAS PARK FL 33782  
US

Mailing Address  
9292 49TH ST N  
PINELLAS PARK FL 33782  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

01/13/1995

4. FEI Number

59-3291297

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLENNON, JAMES J  
5520 DIVISION DR  
FT MYERS FL 33905-5026

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.050 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME LEWIS, THOMAS H JR  
STREET ADDRESS 2701 GRANT AVE  
CITY-ST-ZIP PHILADELPHIA PA 19114

TITLE D ☐ DELETE  
NAME SAUTTER, WILLIAM R  
STREET ADDRESS 2701 GRANT AVE  
CITY-ST-ZIP PHILADELPHIA PA 19114

TITLE D ☐ DELETE  
NAME LEWIS, JEAN M  
STREET ADDRESS 2701 GRANT AVE  
CITY-ST-ZIP PHILADELPHIA PA 19114

TITLE P ☐ DELETE  
NAME GLENNON, JAMES J.  
STREET ADDRESS 5520 DIVISION DR.  
CITY-ST-ZIP FT. MYERS FL

TITLE VPCS ☐ DELETE  
NAME HENDRY, REBECCA  
STREET ADDRESS 5520 DIVISION DR  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition  
1.2 NAME MICHAEL W PALMER  
1.3 STREET ADDRESS 9292 49th ST N  
1.4 CITY-ST-ZIP PINELLAS PARK, FL 33782

2.1 TITLE CS ☒ Change ☐ Addition  
2.2 NAME REBECCA HENDRY  
2.3 STREET ADDRESS 5520 DIVISION DR  
2.4 CITY-ST-ZIP FT MYERS FL 33905

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0428536