

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1998 8:00am
Secretary of State

DOCUMENT # P95000040132 (9)
1. Corporation Name
A GOOD AIR CONDITIONING & APPLIANCE SERVICE, INC



Principal Place of Business
3506 N. FEDERAL HWY
DELRAY FL 33483

Mailing Address
3506 N. FEDERAL HWY
DELRAY FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1995

4. FEI Number

65-0585326

Applied For

Not 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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 41 NE 21st Street

Suite, Apt. #, etc.

22 City & State

23 Pompano Beach FL

24 Zip

33060

25 Country

USA

2a. Mailing Address

26 41 NE 21st Street

Suite, Apt. #, etc.

27 City & State

28 Pompano Beach FL

29 Zip

33060

30 Country

USA

9. Name and Address of Current Registered Agent

JOHNSON, MICHAEL P
41 N.E. 21ST ST
POMPANO FL 33060

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 607.0502 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 ☐ DELETE

NAME JOHNSON, MICHAEL P
STREET ADDRESS 41 NE 21ST ST
CITY-ST-ZIP POMPOANO FL 33060

TITLE ☒ DELETE

NAME WALTER, SHIRLEY J
STREET ADDRESS 866 NW 25TH AVE
CITY-ST-ZIP DELRAY FL 33445

TITLE ☒ DELETE

NAME WALTER, CHARLES E
STREET ADDRESS 866 NW 25TH AVE
CITY-ST-ZIP DELRAY FL 33445

TITLE ☐ DELETE

NAME JOHNSON, DEBRA A
STREET ADDRESS 41 NE 21ST ST
CITY-ST-ZIP POMPOANO FL 33060

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

VP

Debra Johnson

41 NE 21st Street

Pompano Beach FL 33060

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.

CR2E034 (10/97)