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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000047557 (0)

AIR CONDITIONING BY FLORIDA COMFORT SYSTEMS. INC

Principal Place of Business

Mailing Address

## FILED May 11 1998 8:00am Secretary of State



3071 SANDPIPER BAY CIRCLE. L-106 3071 SANDPIPER BAY CIRCLE, L-106 NAPLES FL 33962 NAPLES FL 33962 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 4673 Enterprise Ave. Suite, Apt. #, etc. Not Applicable 21 4673 Enterprise Hue. 65-0586742 \$8.75 Additional 5. Certificate of Status Desired Fee Required Unit 1-A 17VIT 1-13 6. Election Campaign Financing \$5.00 May Be Naples Naples Trust Fund Contribution Added to Fees Country Country Zφ 8. This corporation owes or has paid the current year Intangible X Yes 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLEMAN, MICHAEL J 3174 E. TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33962-5793 83 City 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 proted hanc of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (10/97 12. 13. DELETE Change Addition TITLE 1.1 TITLE 2E034 NAME MARTIN, DENIS 1.2 NAME L-106 STREET ADDRESS 3071 SANDPIPER BAY CIRCLE 13 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE \_\_\_ Addition TITLE **6.1 TITLE** NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

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