

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

DOCUMENT # P95000073435

1. Corporation Name

DUN-RITE AIR CONDITIONING AND HEATING INC.

Principal Place of Business

3801 SHORE ACRES BLVD NE  
ST. PETERSBURG FL 33703  
US

Mailing Address

3801 SHORE ACRES BLVD NE  
ST. PETERSBURG FL 33703  
US

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90248 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1995

4. FEI Number

65-0610738

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

THIEL, WILLIAM K  
3801 SHORE ACRES BLVD NE  
ST PETERSBURG FL 33703

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 P ☐ DELETE

NAME THIEL, WILLIAM K  
STREET ADDRESS 4800 CHANCELLOR ST NE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE T ☐ DELETE

NAME THIEL, WILLIAM K  
STREET ADDRESS 4800 CHANCELLOR ST NE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE S ☐ DELETE

NAME THIEL, WILLIAM K  
STREET ADDRESS 4800 CHANCELLOR ST NE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VP ☐ DELETE

NAME WATSON, DONALD E  
STREET ADDRESS 25 COUNTRY ROAD  
CITY-ST-ZIP ST. PETERSBURG FL

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 3801 Chancellor St NE

1.4 CITY-ST-ZIP St. Petersburg, FL 33703

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS see above

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS see above

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS same

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 727-522-8249

CR2E034 (11/98)