

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000080841 (6)**

1. Corporation Name

**AIR PERFECTION AIR CONDITIONING, INC.**

Principal Place of Business

**6624 BEE RIDGE RD  
SARASOTA FL 34241**

Mailing Address

**6624 BEE RIDGE RD  
SARASOTA FL 34241**



3. Date Incorporated or Qualified  
**10/18/1995**

3a. Date of Last Report  
**N/A**

2. Principal Place of Business

2a. Mailing Address

**21 6624 BEE RIDGE Rd**  
Suite, Apt. #, etc.

**26 6624 BEE RIDGE Rd**  
Suite, Apt. #, etc.

4. FEI Number  
**65 0611573**

Applied For  
Not Applicable

**22**  
City & State  
**Sarasota FLA**

**27**  
City & State  
**Sarasota FLA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**23**  
Zip **34241** Country **USA**

**28**  
Zip **34241** Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, SVETLANA S  
6624 BEE RIDGE RD  
SARASOTA FL 34241**

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 of Registered Agent or Director, if applicable)

(Date of Registered Agent's Signature, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **MARTIN, TIM**  
STREET ADDRESS **6624 BEE RIDGE RD**  
CITY-ST-ZIP **SARASOTA FL 34241**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **VICE PRESIDENT**  
2.3 STREET ADDRESS **SVETLANA S. MARTIN**  
2.4 CITY-ST-ZIP **6624 Bee Ridge Rd**  
**Sarasota, FLA 34241**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

**SVETLANA S. MARTIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Svetlana Martin*

**4/13/96 (941) 379-6616**  
DATE AND PHONE NUMBER

CR2E034 (12/95)