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FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000094634 (9)**

1. Corporation Name

**AIR-VAC OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**519 WILBUR ST  
BRANDON FL 33511**

Mailing Address

**PO BOX 1592  
BRANDON FL 33509**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/14/1995**

4. FEI Number

**59-3348338**

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 1463 Oakfield Dr**

Suite, Apt. #, etc.

**22 Suite 111**

City & State

**23 Brandon FL**

Zip

**24 33511**

Country

**25 US**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J  
791 W LUMSDEN RD  
BRANDON FL 33511**

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

**D  
NAME BURLEY, B. MITCHELL  
STREET ADDRESS 1108 DEER RUN PLACE  
CITY-ST-ZIP VALRICO FL 33594**

TITLE ☐ DELETE

**D  
NAME CHANDLER, JAMES J  
STREET ADDRESS 3924 S NINE DRIVE  
CITY-ST-ZIP VALRICO FL 33594**

TITLE ☐ DELETE

**D  
NAME FAZIO-BURLEY, ROSEMARIE  
STREET ADDRESS 1108 DEER RUN PL  
CITY-ST-ZIP VALRICO FL**

TITLE ☐ DELETE

**D  
NAME CHANDLER, BARBARA  
STREET ADDRESS 3924 S NINE DR  
CITY-ST-ZIP VALRICO 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

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

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.

SIGNATURE **B. J. BURLEY** **3/14/98** **017 1998-015**

CR2E034 (10/97)