

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90149 022 ***150.00

DOCUMENT # P96000018445

1. Corporation Name

S & S UNIVERSAL A/C HEATING & REFRIGERATION INC.



Principal Place of Business

7250 S.W. 10TH ST.
OCALA FL 34474

Mailing Address

3470 NORTH 16TH CT
OCALA FL 34475
US-

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

59-3366386

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

2. Principal Place of Business

21 3120 N.E. 8TH PLACE

Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip

24 34470

Country

25

2a. Mailing Address

26 3120 N.E. 8TH PLACE

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

Zip

29 34470

Country

30

9. Name and Address of Current Registered Agent

STEVENS, DAVID M
7250 S.W. 10TH ST.
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name

DAVID STEVENS

82 Street Address (P.O. Box Number is Not Acceptable)

3120 N.E. 8TH PLACE

83

84 City

Ocala, FL

FL

85 Zip Code

34470

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

David M. Stevens

DAVID M. STEVENS

2/23/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME STEVENS, DAVID M

STREET ADDRESS 2815 N.W. PINE AVE, LOT 7

CITY-ST-ZIP Ocala FL

TITLE ST ☐ DELETE

NAME STEVENS, FRED A

STREET ADDRESS 7250 S.W. 10TH ST

CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

PRESIDENT

☒ Change

☐ Addition

1.2 NAME

DAVID STEVENS

1.3 STREET ADDRESS

3120 N.E. 8TH PLACE

1.4 CITY-ST-ZIP

Ocala, FL

34470

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, with all other like empowered.

SIGNATURE: X

David M. Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

DATE

352-873-9326

Daytime Phone #

CR2E034 (11/98)

0485370