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Secretary of State

06-03-2002 91207 021 ***150.00

PROFIT
 CORPORATION
 ANNUAL REPORT



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

DOCUMENT # **A 96 000029252**

1. Corporation Name

AIR COMFORT MECHANICAL, INC.

B0124528

Principal Place of Business

**321 N. 70TH AVE.
 HOLLYWOOD FL
 33027**

Mailing Address

**321 N. 70TH AVE.
 HOLLYWOOD FL
 33027**

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

4. FEI Number

65-0664591

Applied For

Not Applied

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKIN, ROGER
 321 N. 70TH TERRACE
 HOLLYWOOD, FL. 33027**

81 Name

JOHN KUEFLAR

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

7740 NW 6TH ST

83

PUNABROOK PINES, FL.

84 City

33027 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 **KUEFLAR JOHN**
 NAME **7740 NW 6TH ST**
 STREET ADDRESS **PUNABROOK PINES, FL.**
 CITY-STATE-ZIP **33027**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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

SIGN DATE

I 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. 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.