FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Block 12 or Block 13 if char

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083649 (9)

TOWER AIR CONDITIONING & AUTOMOTIVE REPAIR, INC.

229 FORREST AVENUE 229 FORREST AVENUE COCOA FL 32922 **COCOA FL 32922** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/07/1996 4. FEI Number 2a. Mailing Address Applied For Not Applicable 59-3407846 \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be ocoa t 23 Trust Fund Contribution Added to Fees Country 45 A 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Bí Name FLAUGHER, GARLAND 229 FORREST AVENUE 82 COCOA FL 32922 вэ 84 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. I am familia with, and accept the appointment as registered agent. I am familia with, and accept the obligators of, Section 607.0505, Florida Statutes. **SIGNATURE** OFFICERS AND DOLECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE NAME FLAUGHER, GARLAND 1.2 NAME 6130 CONN. NS RE COCOR FL 32927 229 FORREST AVENUE 1.3 STREET ADDRESS STREET ADDRESS **COCOA FL 32922** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE Change 3.1 1011 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ___ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

FILED May 13 1998 8:00am Secretary of State



14. Thereby 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 of triplemental 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 property of trupled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

Change

Addition

Addition