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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90029 046 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090552

1. Corporation Name
SAVE-ON-A/C INC.

Principal Place of Business

1449 MEDOC LANE
SUITE 300
FORT MYERS FL 33919

Mailing Address

1449 MEDOC LANE
SUITE 300
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

65-0706116

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 6719 WINKLER ROAD

2a. Mailing Address

26 P.O. BOX 07441

Suite, Apt. #, etc.

22 SUITE 216

Suite, Apt. #, etc.

27

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33919

Country

25 LEE

Zip

29 33919

Country

30 LEE

9. Name and Address of Current Registered Agent

METCALFE, WILLIAM D
1449 MEDOC LANE
SUITE 300
FORT MYERS FL 33919

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 *William D. Metcalfe*
Signature, typed or printed name of registered agent and title if applicable.

President William D. Metcalfe 4-27-99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME METCALFE, WILLIAM D
STREET ADDRESS 1449 MEDOC LANE, SUITE 300
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ DELETE
NAME BRETSCHNEIDER, RICHARD N
STREET ADDRESS 6858 CANDELWOOD DRIVE
CITY-ST-ZIP FORT MYERS FL 33919

TITLE D ☐ DELETE
NAME DAVIS, JOHN W
STREET ADDRESS 5362 COUNTRYDALE COURT
CITY-ST-ZIP FORT MYERS FL 33905

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 ☐ 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, with all other like empowered.

SIGNATURE: *William D. Metcalfe* 4-27-99 941-482-0034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)