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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004266 (7)

TOO COOL INSTALLERS, INC.

**FILED** Apr 28 1998 8:00am Secretary of State



rincipal riac	e of phalleas	Ivialiting Address					
C/O US SMA P O BOX 334 HOLIDAY FL :		C/O US SMALL BUSINESS SERVICES P O BOX 3347 HOLIDAY FL 34690		\$	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/10/1997		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	T IA	pplied For
723					59-3424568	······································	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				<del></del> -	Additional
22 27					5. Certificate of Status Desired		equired
Citx & State	e 0(	City & State			6. Election Campaign Financing	\$5.00	May Be
	is Chaple Fc	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Coun	lry	B. This corporation owes or has paid the co		
<sub>24</sub> ි		<b>├</b> _ `	10	•	Personal Property Tax due June 30.		] No
	9. Name and Address of Current F	<u> </u>	<u>-</u> 1		10. Name and Address of New Registered	Agent	
90	HIMPT I DAIN			1 Name			
SCHMIDT, L PAUL				JESTEPH A. Janszic			
1004 US HWY 19, SUITE 202 HOLIDAY FL 34691				82 Street Address (P.O. Box Number is Not Acceptable)			
no	MINAL LC 24091		Ē	3	STO E. GOOGLE FOLLOWS		
			₹	4 City	Lup. FI	85 Zip	Code
dd Duranant	to the Graviniana of Spatiana 607 U503 s	and 607 1509 Florida Statutos	tho abo	l namod co			ite registered
11. Pursuant to the provisions of Sections 607 u502 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.							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE			<b>.</b>			<u>26√99</u>	
12.	Signature, typed or plinted name of regulation agent a OFFICE & AND I		13.	deu signainte ted	aulred when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	Para Dans	DELETE	1.1 TITL		ADDITIONS/CHANGES TO OTTICENS AS	Change	Addition
NAME	CURTIS LESSELL		1.2 NAM				
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STREET ADDRESS	8002 HOLDLY CUT 23	33614		· •			
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TITLE		DELETE	6.1 TITL	[		☐ Change	Addition
NAME			6.2 NAM	E J			
STREET ADDRESS			6.3 STR	ET ADDRESS			
CITY-ST-ZIP			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. 813-303-1267