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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000106981

1. Corporation Name
A-PERSONAL COMFORT SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 809 MELROSE FL 32666	P.O. BOX 809 MELROSE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1998

4. FEI Number: 59-3549261 ☐ 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	2a. Mailing Address
21 131 NE Comercial Cir.	26 PO Box 1057
22 Suite, Apt. #, etc. B	27 Suite, Apt. #, etc.
23 City & State Keystone Hgts. Fl.	28 City & State Keystone Hgts. Fl.
24 Zip 32656 25 Country USA	29 Zip 32656 30 Country USA

9. Name and Address of Current Registered Agent

STEELE, JOE
5431 INDIAN TRAIL
KEYSTONE HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name: Allen E. Dellacroce
82 Street Address (P.O. Box Number is Not Acceptable): 5431 Indian Trail
83
84 City: Keystone Hgts. FL 85 Zip Code: 32656

11. Pursuant to the provisions of Sections 607.0802 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: Allen E. Dellacroce 5-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DELLACROCE, ALLEN		1.2 NAME		
STREET ADDRESS	P.O. BOX 809		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, JOE		2.2 NAME		
STREET ADDRESS	P.O. BOX 809		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

352-473-8809

SIGNATURE: Allen E. Dellacroce 5-20-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #