## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

|   | RPORÀT<br>STÄTEN   | _   |   |                                   | A DEPARTME Katherine H Secretary of IVISION OF CORPO | State                                 |  |  | .ED   |  |
|---|--|---|---|-----------------------------------|--|---------------------------------------|--|--|---|--|
| DOCUMENT # PagoODD Lactog 17  |  |   |   |                                   |  |                                       |  | 02 JAN 28 PM 12: 33  |   |  |
| Denison Brothers AW CONDITIONING  |  |   |   |                                   |  |                                       |  | SECRETARY OF STATE<br>TALLAHASSEE. FLORIDA   |   |  |
| AND POOL HEATING INC.   |  |   |   |                                   |  |                                       |  |  |   |  |
| 2. Principal Office Address 3. Met  |  |   |   |                                   | Office Address                                       | · · · · · · · · · · · · · · · · · · · | 1 //1  | 1107 (1PX  |   |  |
| 4425 SW 14 Ave  |  |   |   |                                   | 4425 SW 14 14ve                                      |                                       |  |  |   |  |
| Stuite, Apt. #, etc.  |  |   |   | Sulte, Apt.                       | Sulte, Apri. #, etc.                                 |                                       |  | 4. Date Incorporated or Qualified  |   |  |
| City & State C  |  |   |   |                                   | City & State   |                                       |  | To Do Business in Florida 7 - 12 - 9   |   |  |
| CAPE COMP, FL   |  |   |   | LMPE                              | cape Corni FC  |                                       |  | 6. FEI Number Applied For Not Applied For Not Applied For  |   |  |
| Zp 1<br>339   | 14   | Country                                       | c .^  | Z p<br>  7 2 4 1                  | Cou  |                                       | 0.   |  | Addition of East Assembly                       |  |
| 251   | <u> </u>   | <u> </u>                                      | S.A.  | 339)                              |  | US #A                                 |  | 161  | र स्वामित्राम् म्यानीहरू                        |  |
|   | 7. Name and Address of Current Registered Agent Name   |   |   |                                   |  |                                       |  |  |   |  |
|   | Grany J Dewison  Street Address (P.O. Box Number is Not Acceptable)  1543 Sw 49 Terr -02/20/020109000: |   |   |                                   |  |                                       |  |  |   |  |
|   | 1543 SW 49 Terr  |   |   |                                   |  |                                       |  | -02/20 <b>7</b> 02   | ?010 <b>3</b> 0003<br><del>00 **</del> **300.00 |  |
|   | Suite, Apt. #, Etc.  |   |   |                                   |  |                                       | •  | ***************************************  | 00 ****300.00                                   |  |
|   | CAPE COMA(.  |   |   |                                   |  |                                       |  | State Zip Code<br>FL 33914   |   |  |
|   |  | regiatered                                    | agent of the a  | bove named cor                    | poration, em familier                                | with and accept the                   | obligations of sect                                | ion 607.0505 or 617.0503, F.S.   | - O J   |  |
| Signature of Registered Agent Agent REGISTERED AGENT MUST SIGN  |  |   |   |                                   |  |                                       | ·  |  |   |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |  |   |   |                                   |  |                                       |  |  |   |  |
| Titles  | Titles Name of Officers and/or Directors   |   |   |                                   | Street Address of Each<br>Officer and/or Director    |                                       |  | City / State   | / Zip   |  |
| Pres  | GATY J DENISON   |   |   |                                   | 1543 Sw 49 Terr                                      |                                       |  | Cape Con   | 1=1-33914                                       |  |
| 1/pros  | Stephen C. Denison   |   |   | 4425 SW 14 Ave                    |  |                                       | CAPE Corps / F                                     | 7-33914  |   |  |
|   |  |   |   |                                   |  |                                       |  | •  |   |  |
|   |  |   |   |                                   |  |                                       |  |  |   |  |
|   | <del></del>  |   | · · · · · · · · · · · · · · · · · · ·                 |                                   |  |                                       | <del></del> -                                      |  |   |  |
|   | ·  |   | <u>.</u>  | <del></del>                       |  |                                       |  |  |   |  |
|   |  |   |   |                                   |  |                                       |  |  |   |  |
| this rein<br>owed by  | istatement apply the corporate application is:   | plication, the<br>lon have be<br>true and acc | e reason for dis<br>en paid and the<br>curale, and my | solution has be<br>names of Indiv | en eliminated, the co<br>Iduals listed on this f     | rporate name satisfie:                | a the requirements<br>on exemption und<br>ar ooth, | apter 607 or 617, F.S. I further ce<br>a of section 607.0401 or 617,0401<br>ler section 119.07(3)(I), F.S. Twe | 1, F.S., that all fees<br>information indicated |  |
|   |  |   |   | RINTED NAME OF                    | SIGNING OFFICIALS                                    | RINECTOR                              |  | Deta Doytim  | n Phone #                                       |  |

Denison Brothers Air Conditioning & Pool Heating 4425 SW 14<sup>th</sup> Avenue Cape Coral, FL. 33914 (941)540-2577

3

January 18, 2002

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL. 32302-1500

Dear Sir or Madam:

It has come to my attention that my company was listed as inactive when I found it on your Internet site. I had no idea that this occurred. My company changed addresses and did not receive the yearly report by mail as usual. It was unintentionally overlooked. I am responding by sending a check for \$300.00 to pay for 2001 & 2002. Please let me know if any further information is due.

Sincerely,

Gary Denison

President/Treasurer

Zola