

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90139 026 \*\*\*150.00

DOCUMENT # S29421

1. Corporation Name

BYRD ARCTIC AIRCONDITIONING, INC.

Principal Place of Business

6507 N. ROME AVE  
TAMPA FL 33604

Mailing Address

6507 N. ROME AVE  
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1991

4. FEI Number

59-3050756

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROLL, GERALD E.  
6507 N. ROME AVE  
TAMPA FL 33604

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 DANIEL L. SCOTT SUT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME BYRD, RICHARD E.  
STREET ADDRESS 10018 N. 52ND STREET  
CITY-ST-ZIP TAMPA FL

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME ROLL, GERALD E.  
1.3 STREET ADDRESS 6507 N. ROME AVE  
1.4 CITY-ST-ZIP TAMPA FL 33604

TITLE VT ☐ DELETE  
NAME ROLL, GERALD E.  
STREET ADDRESS 6507 N. ROME AVE.  
CITY-ST-ZIP TAMPA FL 33604

2.1 TITLE VT ☒ Change ☐ Addition  
2.2 NAME SCOTT, DANIEL L.  
2.3 STREET ADDRESS 303 W EMMA ST  
2.4 CITY-ST-ZIP TAMPA FL 33603

TITLE S ☐ DELETE  
NAME DANIEL SCOTT  
STREET ADDRESS 3229 HUGHES ST  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE S ☒ Change ☐ Addition  
3.2 NAME BYRD, RICHARD E.  
3.3 STREET ADDRESS 402 DUNEDIN RD  
3.4 CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: DANIEL L. SCOTT SUT 4-15-99 813-237-8975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)