

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAR -2 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S32990** (1)
1. Corporation Name
GULFCOAST AIR CONDITIONING AND HEATING, INC.

Principal Place of Business

27837 US 19 NORTH
UNIT D
CLEARWATER FL 34621
US

Mailing Address

27837 US 19 N.
UNIT D
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/18/1991

3a. Date of Last Report
03/11/1994

4. FEI Number
59-3050884

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. 2083 PINEHURST DR.

2a. Mailing Address

26. 2083 PINEHURST DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. CLEARWATER FL

City & State

28. CLEARWATER FL

Zip

24. 34623

Country

25. PINEHURST

Zip

29. 34623

Country

30. PINEHURST

9. Name and Address of Current Registered Agent

KELLY, TOM
2083 PINEHURST DRIVE
CLEARWATER FL 34623

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

(Signature, typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	KELLY, TOM
STREET ADDRESS	2083 PINEHURST DRIVE
CITY - ST - ZIP	CLEARWATER FL
TITLE	V
NAME	WELL, E
STREET ADDRESS	11513 119 TERR N
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	V. P.
2.3 STREET ADDRESS	ADKINS, E WELL
2.4 CITY - ST - ZIP	11513 119 TERR N
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	JANCO FL
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Thomas M. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Kelly

Date

2-25-91 813 236 0891

(Typed Name)