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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 30 1997 8:00am

Secretary of State

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DOCUMENT # V16779

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BRENZO & TAYLOR AIR CONDITIONING, INC.

					8 8 8 8 8 8 8 8 8 8	
Principal Pla	ce of Business	Mailing Address		1 18031 \$11001 11010 85111 18371 100546 1015	DENTA BEDAL MENIE MINIE DENTE MENIE HAND	
107 BAYVIEW OLDSMAR FL		107 BAYVIEW BLVD. OLDSMAR FL 34677				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				02/24/1992	04/23/1996	
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2447429	Not Applicable	
Suite, Api	i. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 мау Ве	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25		0]		Yes 🗌 No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
	PKA, DENNIS L ESQUIRE		81 Name	Sandin Patel		
repka & Jennings, p.a.			82 Stree			
28870 U.S. HIGHWAY 19, STE. 408			18	18167 U.S. Hwy 19 N., Suite 150		
CLI	EARWATER FL 34621-2564		83	•		
			84 City		85 Zip Code	
			(Clearwater,	FL 3/162/	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.						
SIGNATURE	Janela J. H	2001 Saubid	I PATEL	_ 4/	22/97	
12.	Signature, typed or printed name of registered age OFFICERS AN		togistored Agent signatu	re required when reinstating)	DATE DIPERTORS IN AS	
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	BRENZO, JOSEPH D		1.2 NAME		Change Moullon	
STREET ADDRESS						
CITY-ST-ZIP	OLDSMAR FL 34677		1.3 STREET ADDRESS			
TITLE	STD	DELETE	1.4 CHY-ST-ZIP 2.1 HILE	 	Change Addition	
NAME	TAYLOR, DOUGLAS S		22 NAME	,	Change C Addition	
STREET ADDRESS			2.2 TOTALE 2.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL 34677	i	2.4 CITY-ST-ZIP			
TITLE	025011041112 04011	DELETE	31 111LE		Change Addition	
NAME			32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS	·	ļ	
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 TALE		Change Addition	
NAME			5.2 NAME		· · · · · ·	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 THILE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
						

I do hereby certify that the information supplied with this filling 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 trusted growered to execute this report as required by Chapter 607, Florida Statutes; and that my name annears in Block 12 or Block 13 if channears on an attachment withdrawall.