

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V33184 (5)

1. Corporation Name

SERVICE EXPERTS OF SARASOTA, INC.



Principal Place of Business

Mailing Address

7560 COMMERCE COURT  
SARASOTA FL 34243

7560 COMMERCE COURT  
SARASOTA FL 34243

3. Date Incorporated or Qualified

04/30/1992

3a. Date of Last Report

08/18/1995

4. FEI Number

65-0329363

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

NEAL, CATHLEEN A  
7560 COMMERCE CT  
SUITE 300  
SARASOTA FL 34213

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 title (Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |        |
|-----------------|---------------------|--------|
| TITLE           | STD                 | DELETE |
| NAME            | KINTZ, TERRY R      |        |
| STREET ADDRESS  | 2729 OAK GROVE DR.  |        |
| CITY - ST - ZIP | SARASOTA FL         |        |
| TITLE           | PD                  | DELETE |
| NAME            | ABRAMS, JAMES D     |        |
| STREET ADDRESS  | 778 SPIRIT 40 COURT |        |
| CITY - ST - ZIP | CHESTERFIELD MO     |        |
| TITLE           |                     | DELETE |
| NAME            |                     |        |
| STREET ADDRESS  |                     |        |
| CITY - ST - ZIP |                     |        |
| TITLE           |                     | DELETE |
| NAME            |                     |        |
| STREET ADDRESS  |                     |        |
| CITY - ST - ZIP |                     |        |
| TITLE           |                     | DELETE |
| 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            |        |          |
| 2.3 STREET ADDRESS  |        |          |
| 2.4 CITY - ST - ZIP |        |          |
| 3.1 TITLE           | Change | Addition |
| 3.2 NAME            |        |          |
| 3.3 STREET ADDRESS  |        |          |
| 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96

941-355-8511

Date

Daytime Phone #

CR2E034 (3/96)