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

DOCUMENT # **V33184**1. Corporation Namie

(5)

SERVICE EXPERTS OF SARASOTA, INC.

Principal Place of Business Mailing Address

7560 COMMERCE COURT 7560 COMMERCE COURT
CARACOTA FL 34243

FILED May 09 1997 8:00am Secretary of State



SARASOTA FL 3	M243		SAKASUTA PL 34243-3217					
					3. Date Incorporated or Qualified 04/30/1992	04/30/1992 08/06/1996		
2. Principal Place of Business 21 2331 Whit Reld Ind 4			28. Malling Address 74 p6 2391 Wh. + field Ind. way		4. FEI Number 65-0329363	<u> </u>	plied For t Applicable	
Suite, Apt			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
23 3444	0 0	Country	Zip	Country		8. This corporation has liability for	intangible tax under s	
24 247 Y	2	and Address of Curren	1 Pagistared Agent	30 MM	mter	Florida Statutes 10. Name and Address of New Re	Yes No	
NEAL			it negratored Agent	81	Name	10, Replie and Address of New He	gistorius Agerii	
NEAL, CATHLEEN A 7560 COMMERCE CT					Chart 6	Iddeon (D.O. Pou Number in Not Appende	nio)	
SUITE 300					82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34213								7
				84	୍ଡ	house ha	FL 85 39	Code
office or re	egistered ac	gent, or both, in the State		s authorized b	v the corp	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing it	
SIGNATURE				****			DATE:	
12,	Signations, types	or printed name of registered age OFFICERS AN		TE: Registered Ag	eni signatura (required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	S IN 12
TITLE	STD	OT TOCHO	DELETE	1,1 1111.6		7,00,7,0,0,0,1,1,1,0,2,0,1,0	☐ Change	Addition
NAME				1,2 NAME				ļ.
STREET ADDRESS	2729 OAK GROVE DR.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 1.		1.4 CITY-1	ST-ZIP				
TITLE	PD		DELETE	2.1 TITLE			Change	Addition
NAME		, James D		2.2 NAME				
STREET ADDRESS		IT 40 COURT		2.3 STREE	T ADDRESS			
C-Tr - ST - ZIP	CHESTER	RFIELD MO		2. 4 CITY-	ST-ZIP			
ALLE			☐ DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
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CITY - S1 - ZIP TITLE			DELETE	3.4 CITY-	ST-ZIP		☐ Change	Addition
NAME	Las Dicere		4.7 MILE	. 1			The state of	
STREET ADDRESS					T ADDRESS			
CITY-ST-7IP				4.4 City-				
TIFLE			DELETE	5.1 TITLE	U. L.		Change	☐ Addition
NAME				5.2 NAME	}	•		
STREET ADDRESS				5.3 STREE	T ADDRESS			
CITY-\$1-20P				5.4 CITY -	ST-ZIP			
TITLE	☐ DELETE		6.1 TITLE			Change	Addition	
NAME			6.2 NAME			•		
STREET ADDRESS			/)	6.3 STREE	T ADDRESS			
CITY-ST-ZIP				6.4 CITY	ST-ZIP		18 mb = 1 - 18 12 12 12	45.
	and the second second	on this annual connel or a	uun nin manatat annuai sanastii			ated in Section 119.07(3)(i). Florida Statute that my signature shall have the same leg eport as required by Chapter 607, Florida s	al altoat no il mada ua:	MOLANTH THAT

SIGNATURE TORNE RESIDENCE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/- 7-97 Date 941-739-1611