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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V46835

(7)

1. Corporation Name:

ALL SEASONS HEATING AND AIR CONDITIONING, INC.

Principal Place of Business:

1824 10TH PLACE
VERO BEACH FL 32960
US

Mailing Address:

1824 10TH PLACE
VERO BEACH FL 32960-3705
US

2. Principal Place of Business:

21 705 27th Place

Suite, Apt. #, etc.

22 4

City & State

23 Vero Beach, FL

Zip

Country

24 329608

25 USA

2a. Mailing Address:

26 705 27th Place

Suite, Apt. #, etc.

27 4

City & State

28 Vero Beach, FL

Zip

Country

29 329608

30 USA

9. Name and Address of Current Registered Agent

FANARO, RONALD S.
7555 20TH STREET
VERO BEACH FL

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 Section 607.05(2) and 607.15(8), 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 607.05(6), Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report (owner, officer, or director)

State of Florida, for use of this report (owner, officer, or director)

DATE

12. OFFICERS AND DIRECTORS:

TITLE ☐ DELETE

NAME D PRESCOTT, ALBERT M.

STREET ADDRESS 1824 10TH PLACE

CITY-STATE-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME Prescott, Dawn M.

STREET ADDRESS Secretary/Treasurer

CITY-STATE-ZIP Vero Beach, FL 32960

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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. 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

Signature of person authorized to execute this report

Signature of person authorized to execute this report

Signature of person authorized to execute this report

Signature of person authorized to execute this report

CR2E034 (9/96)