

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 # V49398 (3)

1. Corporation Name

ALL AIR MECHANICAL, INC.



Principal Place of Business

Mailing Address

11317 STARKEY ROAD  
LARGO FL 34643

11317 STARKEY ROAD  
LARGO FL 34643

2. Principal Place of Business

2a. Mailing Address

21 2078 WEAVER PARK DR  
Suite, Apt. #, etc.

26 2078 WEAVER PARK DR  
Suite, Apt. #, etc.

22

27

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

24 34625

Country

25 Pinellas

Zip

29 34625

Country

30 Pinellas

9. Name and Address of Current Registered Agent

TREMBLAY, PETER J.  
11317 STARKEY ROAD  
LARGO FL 34643

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3131828

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

10. Name and Address of New Registered Agent

81 Name

Tremblay Peter J

82 Street Address (P.O. Box Number is Not Acceptable)

2078 WEAVER PARK DR

83

84 City

Clearwater

FL

85 Zip Code

34621

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 filed applicable

(NOTE: Registered Agent signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
TREMBLAY, PETER J.  
STREET ADDRESS 2984 CLUBHOUSE DRIVE W.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME D  
TREMBLAY, DEBORAH M.  
STREET ADDRESS 2984 CLUBHOUSE DRIVE W.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Peter Tremblay  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96 8134436100  
DATE

CR2E034 (3/96)