

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



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

APPROVED
AND
FILED

97 MAY -1 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V73329** (7)

1. Corporation Name

ASSOCIATED AIR PRODUCTS OF FT. MYERS, INC.

Principal Place of Business
**2324 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

Mailing Address
**2324 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0376552

Applied Fee
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. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Country

28. Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKINSON, WALTER
2324 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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 607.05(2) and 607.15(1)(b), 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 a registered agent, Florida Statutes.

SIGNATURE

Signature of the person changing the registered office or the agent

Signature of the new registered agent or registered agent accepting

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	D
12.2 NAME	DICKINSON, WALTER
12.3 STREET ADDRESS	2324 HOLLYWOOD BLVD
12.4 CITY, ST, ZIP	HOLLYWOOD FL
12.5 NAME	D
12.6 NAME	DICKINSON, LUCILLE
12.7 STREET ADDRESS	2324 HOLLYWOOD BLVD
12.8 CITY, ST, ZIP	HOLLYWOOD FL
12.9 NAME	D
12.10 NAME	DICKINSON, WALTER C.
12.11 STREET ADDRESS	2324 HOLLYWOOD BLVD
12.12 CITY, ST, ZIP	HOLLYWOOD FL
12.13 NAME	D
12.14 NAME	ZBMAN, HENRY
12.15 STREET ADDRESS	2324 HOLLYWOOD BLVD
12.16 CITY, ST, ZIP	HOLLYWOOD FL
12.17 NAME	
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY, ST, ZIP	
12.21 NAME	
12.22 NAME	
12.23 STREET ADDRESS	
12.24 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statute. I further certify that the information included on this annual report or supplementary 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 owner or trustee empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Dickinson - **WALTER DICKINSON - 5-1-95 306-527-024**