

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90006 016 \*\*\*150.00

DOCUMENT # V73329

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

4. FEI Number

65-0376552

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 2125 N. Commerce Pkwy  
Suite, Apt. #, etc.

26 2125 N. Commerce Pkwy  
Suite, Apt. #, etc.

22 City & State  
23 WESTON, FL

27 City & State  
28 WESTON, FL

24 Zip 33326 Country USA

29 Zip 33326 Country USA

9. Name and Address of Current Registered Agent

DICKINSON, WALTER  
2324 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name  
82 DICKINSON, WALTER C  
83 Street Address (P.O. Box Number is Not Acceptable)  
84 2125 N. Commerce Pkwy  
85 City WESTON FL 86 Zip Code 33326

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

WALTER C DICKINSON

WALTER C DICKINSON

4-30-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DICKINSON, WALTER  
STREET ADDRESS 2324 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☒ DELETE  
NAME DICKINSON, LUCILLE  
STREET ADDRESS 2324 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE  
NAME DICKINSON, WALTER C.  
STREET ADDRESS 2324 HOLLYWOOD BLVD  
CITY-ST-ZIP HOLLYWOOD 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME DICKINSON, WALTER  
1.3 STREET ADDRESS 2125 N. Commerce Pkwy  
1.4 CITY-ST-ZIP WESTON, FL 33326

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE DP ☒ Change ☐ Addition  
3.2 NAME DICKINSON, WALTER C  
3.3 STREET ADDRESS 2125 N. Commerce Pkwy  
3.4 CITY-ST-ZIP WESTON, FL 33326

4.1 TITLE VS ☐ Change ☒ Addition  
4.2 NAME MACOMBER, BONNIE L  
4.3 STREET ADDRESS 2125 N. Commerce Pkwy  
4.4 CITY-ST-ZIP WESTON, FL 33326

5.1 TITLE DVT ☐ Change ☒ Addition  
5.2 NAME DICKINSON, JANICE C  
5.3 STREET ADDRESS 2125 N. Commerce Pkwy  
5.4 CITY-ST-ZIP WESTON, FL 33326

6.1 TITLE V ☐ Change ☒ Addition  
6.2 NAME MALPHUS, WILLIAM W  
6.3 STREET ADDRESS 2125 N. Commerce Pkwy  
6.4 CITY-ST-ZIP WESTON, FL 33326

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER C DICKINSON

WALTER C DICKINSON

4-30-99

954-217-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

013/108