

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094265

**Entity Name:** TOTAL COMFORT SOLUTIONS, INC.

**Current Principal Place of Business:**

412 FRIAR TUCK LANE  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

3545-1 ST. JOHNS BLUFF RD. SOUTH  
SUITE 316  
JACKSONVILLE, FL 32224

**FEI Number:** 59-3605193

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MC MENAMY, WILLIAM B  
50 NORTH LAURA STREET  
SUITE 2925  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name PARKER, JOSEPH K  
Address 5107 CREEK CROSSING DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT  
Name CREWS, MICHAEL W  
Address 1738 HOLLY OAKS LAKE DR. E.  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY, TREASURER  
Name WILLIAMS, THOMAS A  
Address 412 FRIAR TUCK LANE  
City-State-Zip: ST. AUGUSTINE FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS WILLIAMS

**CORP. SEC.**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date