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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 362177

1. Corporation Name
A/C SERVICES OF TAMPA, INC.



Principal Place of Business
**4709 N HESPERIDES ST
 PO BOX 15813
 TAMPA FL 33684**

Mailing Address
**4709 N HESPERIDES ST
 PO BOX 15813
 TAMPA FL 33684**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1294982	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COATS, ROBERT S 8704 PALISADES DRIVE TAMPA FL 33615				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable) 10731 Dalton Av.		
				83			
				84	City	Tampa	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, ROBERT	1.2 NAME	
STREET ADDRESS	8704 PALISADES DRIVE	1.3 STREET ADDRESS	10731 Dalton Av.
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, SUSAN	2.2 NAME	
STREET ADDRESS	8704 PALISDES DRIVE	2.3 STREET ADDRESS	10731 Dalton Av.
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP/D
STREET ADDRESS		3.3 STREET ADDRESS	George R. Coats
CITY-ST-ZIP		3.4 CITY-ST-ZIP	10731 Dalton Av.
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michael Deemer
STREET ADDRESS		4.3 STREET ADDRESS	8704 Palisades Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33615
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Robert S. Coats** **Robert S. Coats** **4-27-99** **813-876-9126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)