Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90071 050 ***150.00

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

DOCUMENT

 Corporation 	T'S AIR CONDITIONING &	refrigeration, Inc.					
Principal Place of Business Mailing Address						<u>ii bibii bibii bibii bi</u>	DIA BIBII 1801
1909 CALADIUM PL 1 LONGWOOD FL 32750 L		1909 CALADIUM PL LONGWOOD FL 32750 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/09/1986			
2. Princinal Pl	ace of Business	2a. Mailing Address		······································	4. FEI Number	Apr	lied For
21	- ·				59-2726041	Not	Applicable
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	7		5. Certifcate of Status Desired	\$8.75 A Fee Red	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 (Added to	
Zip			Country		8. This corporation owes the current year		
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Register		□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
ΡΔΩ	GETT, LARRY WAYNE						<u> </u>
1909 CALADIUM PL			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32750			83				
			94	City		. 85 Zip C	ode.
			84	City		-L `	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607.0505, Florid	norized by la Statutes	tne corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pomunent as res	gistered
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	13.	nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	PTD OFFICERS AF	DELETE	1.1 TITLE		ADDITIONO/ONANGEO TO OTT ISENS	☐ Change	Addition
TITLE NAME	FID		1.2 NAME				
STREET ADDRESS	1909 CALADIUM PL		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-S	T-ZIP	_		
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	PADGETT, ALICE A. 22N		2.2 NAME				
STREET ADDRESS	RESS 1909 CALADIUM PLACE 23S		2.3 STREET	TADORESS			
CITY-ST-ZIP	LONGINOUS IL		2. 4 CITY-S	ST-ZIP			T Addition
TITLE	VP	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	PADGETT, ROBERT L.		3.2 NAME				
STREET ADDRESS	1909 CALADIUM PLACE		3.3 STREET				
CITY-ST-ZIP	LONGWOOD FL	☐ DELETE	3.4. CITY- S	ST-ZIP		☐ Change	Addition
TITLE			4.1 TITLE 4. 2 NAME				
NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	I-ZIF		Change	Addition
NAME			5.2 NAME			_	
STREET ADDRESS				T ADDRESS			
i			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition

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 of 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 articlement with an address, with all other time empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE