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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90163 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P14174
 1. Corporation Name
1ST CALL HEATING & COOLING, INC.

Principal Place of Business
**11747 87TH ST N.
 LARGO FL 33773
 US**

Mailing Address
**11747 87TH ST N.
 LARGO FL 33773
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29

3. Date Incorporated or Qualified
04/24/1987

4. FEI Number
38-2722850

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

9. Name and Address of Current Registered Agent
**REID, MARVIN R
 11747 87TH ST N.
 LARGO FL 33773**

10. Name and Address of New Registered Agent
 81 Name
CT CORPORATION SYSTEM
 82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
 83
 84 City
PLANTATION FL 85 Zip Code
33324

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 *Mary R Adams* Assistant Sect. CT Corporation 1/25/99
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	REID, DAWN V	
STREET ADDRESS	491 HAVEN POINT DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REID, MARVIN R	
STREET ADDRESS	491 HAVEN POINT DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AARON, JOHN	
1.3 STREET ADDRESS	11747 87TH STREET N.	
1.4 CITY-ST-ZIP	LARGO, FL 33773	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SIELBECK, ALAN R.	
2.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
2.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TAYLOR III, ALFRED W.	
3.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
3.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LADERMAN, LOUIS N.	
4.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
4.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCHOFIELD, ANTHONY M.	
5.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
5.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TRIPLETT, C.E.	
6.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
6.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	

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 the hand of 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: *JOHN AARON* SIGNATURE REQUIRED JOHN AARON
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)