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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P92000 X HEATING & COOLING, IN		Ì			ANTERNAM ANTERNAM ANTONIO
Principal Plac	e of Business	Mailing Address			<u>-</u> { 1001(169) 0 0 6 10 6 00 6 0 6	
316 PARKRIDGE AVE. ORANGE PARK FL 32065		316 PARKRIDGE AVE ORANGE PARK FL 32065		DO NOV MOITE IN	JITHO CRACE	
US		US			DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE
						İ
2. Principal Place of Business		2a. Mailing Address			12/04/1992 4. FEI Number	Applied For
21 26		 	. Maning Manage		59-3154720	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			60.75	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	y	8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 30	
	9. Name and Address of Current	Registered Agent	81	T Maria	10. Name and Address of New Regis	stered Agent
	YLOR, MICHAEL C]81	Name		}
1663 PEBBLEBEACH BLVD.			82 Street Addr		iress (P.O. Box Number is Not Acceptable))
GH	EEN COVE SPRINGS FL 32043		83	 		
			63			
			84	City		85 Zip Code
44 Durament	to the provinces of Castions 607 0500	and CO7 1500 Florida Ctatu	too the show		and in a short thin state and for the	FL 3 7 F Code
agent. I a SIGNATURE	im familiar with, and accept the obligat	and title if applicable. (NG	orida Statute	S.	poration submits this statement for the pur tion's board of directors. I hereby accept t ired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	TAVIOR MOUNTS	☐ DELETE	1.1 TATLE	}		L. Change L. Addition
NAME	TAYLOR, MICHAEL C		1.2 NAME			
STREET ADDRESS	1663 PEBBLEBEACH BLVD.			I ADDRESS		
CITY-ST-ZIP TITLE	GREEN COVE SPRINGS FL S	DELETE	2.1 TOLE	ST-ZIP		Change Addition
	TAYLOR, DEBBIE I			1		Clarige C Addition
NAME	1663 PEBBLEBEACH BLVD.		2.2 NAME	I I Noorea		
STREET ADDRESS	GREEN COVE SPRINGS FL		1	ADDRESS)
CITY-ST-ZIP TITLE	CHELIT COVE OF WINDS TO			ST-ZIP		Change Addition
NAME			3.1 TITLE 3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	- 1		
CITY-ST-ZIP				ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME	- T		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	ST - 71P		
TITLE			61 THLE			Change Addition
NAME			8.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	iT-ZIP		T.

14. Thereby certify that the information supplied with this filling 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, good an altachment with an address.

1/21/92

X 2016-4340

FILED

Apr 06 1998 8:00am

Secretary of State