

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90074 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000034717

1. Corporation Name
MARLIN JAMES AIR CONDITIONING AND HEATING, INC.

Principal Place of Business 202 MORNINGSID DRIVE VALRICO FL 33594	Mailing Address 202 MORNINGSID DRIVE VALRICO FL 33594
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO Box 114
22 City & State	27 Suite, Apt. #, etc.
23 Zip Country	28 Valrico FL
24 Zip Country	29 33595 30

3. Date Incorporated or Qualified 04/17/1997	
4. FEI Number 59-3437380	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CLARK, MARLIN S SR
202 MORNINGSID DRIVE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, MARLIN S SR
STREET ADDRESS	202 MORNINGSID DRIVE
CITY-ST-ZIP	VALRICO FL 33594
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARK, GLENDA
STREET ADDRESS	202 MORNINGSID DRIVE
CITY-ST-ZIP	VALRICO FL 33594
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIFFIN, JAMES T SR
STREET ADDRESS	5318 BERRY PATCH RD
CITY-ST-ZIP	DOVER FL 33527
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	CEO / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	118 morningside Dr
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary / Treasurer S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	118 morningside Dr
2.4 CITY-ST-ZIP	
3.1 TITLE	President - P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Vice President VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James T. Griffin Jr.
4.3 STREET ADDRESS	5318 Berry Patch Rd
4.4 CITY-ST-ZIP	DOVER FL 33527
5.1 TITLE	Vice President VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Evelyn C Griffin
5.3 STREET ADDRESS	5318 Berry Patch Rd
5.4 CITY-ST-ZIP	DOVER FL 33527
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(f), 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 another person empowered.

SIGNATURE: *Glenda Clark* **SIGNATURE REQUIRED** 1/14/99 8136890817
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)