## 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 # P98000004924 1. Corporation Name

BAYSIDE HEATING & AIR CONDITIONING, INC.

Pri	nc	ipal	Pla	ce	of	Business

# **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90099 019 \*\*\*150.00



Principal Place	e of Business	Mailing Address								
1488 SEASPRAY LANE 1488 SEASPRAY LANE										
DUNEDIN FL 34	4698	DUNEDIN FL 34698	DUNEDIN FL 34698			DO NOT WRITE IN THIS SPACE				
							SPAC			
						3. Date Incorporated or Qualifed				
	·					01/16/1998	T	-		
<ol><li>Principal P</li></ol>	lace of Business	2a. Mailing Address				4. FEI Number	L	+	olied For	
21		26				593491187	_ل		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		. <b>75</b> A se Red	dditional	
22		27							<u></u>	
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Country		Cour	ntry		8. This corporation owes the current year Inta				
			30	,		Personal Property Tax.	Ye.		□No │	
24	9. Name and Address of Curre		30}			10. Name and Address of New Registered		<del>'</del> ——		
	9. Name and Address of Curre	III Registered Agent		81	Name	10. Haine and Address of New Justice of the	180111			
BOLL	NO, MICHAEL L		Į	"	Marrio					
600 BYPASS DRIVE SUITE 115					Street Add	dress (P.O. Box Number is Not Acceptable)				
ULE/	ARWATER FL 33764		ļ	83					ļ	
			}	84	City		85	Zip C	ode	
			1	الت	City	FL	"			
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the ab	oove-	named cor	poration submits this statement for the purpose of	changi	ng its	registered	
office or r	egistered agent, or both, in the State om familiar with, and accept the oblig	e of Florida. Such change was au	ithorized ida Statu	by th	ne corporat	ion's board of directors. I hereby accept the appoin	ıımenı	as reg	jisterea	
•	in laminar with, and accept the oblig	ations or, Decilon Gov. 0000, 1 lon	ida Otalo							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered a	Agent s	sionature requir	red when reinstating) DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIR	ECTO	RS IN 12	
TITLE	0	☐ DELETE	1.1 717	LE				_	Addition	
NAME	PROVATOS, TASO		1.2 NA		]					
	1488 SEASPRAY LANE				DDRESS					
STREET ADDRESS	1				l					
CITY-ST-ZIP	DUNEDIN FL 34698	DELETE	2.1 TIT	TY-ST-	ZIP		□ Ch	ange	Addition	
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NAME			2.2 NA		}					
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CITY-ST-ZIP			_	TY-ST-	ZIP		F-1 60		T Address	
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NAME	]		3.2 NA	ME	]					
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CITY-ST-ZIP	)		3.4. CI	TY-ST-	-ZIP					
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CITY-ST-ZIP				TY-ST-						
TITLE		DELETE	5.1 TIT				Cr	ange	Addition	
		<u> </u>	5.2 NA				-			
NAME					ADDRESS					
STREET ADDRESS			•	TY-ST-	1					
C/TY-ST-ZIP			6.1 TIT		£IF		□ Ch	ange	Addition	
TITLE		☐ DELETE						iai iye		
NAME	}		6.2 NA							
STREET ADDRESS			- I		NODRESS					
CITY-ST-ZIP			6.4 CIT	TY-ST-	ZIP					
44 11		1.1 11 1 MIL 4 1 11 4 1. 1	**		1-4	Casting 440 07(2)(i) Florida Statutos I further per	tib , the	4 tha ìr	otormation.	

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 requirer 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: