SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90003 029 ***558.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000010697 ✓

1. Corporation Name
PROFESSIONAL AIR CONDITIONING AND HEATING INC.

Principal Place of Business	Mailing Address
431	431
~~429~~ GASTON FOSTER ROAD	~~429~~ GASTON FOSTER ROAD
SUITE ~~A~~ G	SUITE ~~A~~ G
ORLANDO FL 32807	ORLANDO FL 32807

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 02/02/1998	
21	26 431 GASTON FOSTER RD.	4. FEI Number: 59-3218112	Applied For / Not Applicable
Suite, Apt. #, etc. 22 431 GASTON FOSTER RD SUITE G	Suite, Apt. #, etc. 27 SUITE G	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 ORLANDO FL	City & State 28 ORLANDO, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32807 / Country 25 ORANGE	Zip 29 32807 / Country 30 ORANGE	8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

HARRIS, JAMES DANIEL
431 ~~429~~ GASTON FOSTER ROAD
SUITE ~~A~~ G
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: HARRIS, JAMES DANIEL
82 Street Address (P.O. Box Number is Not Acceptable): 431 GASTON FOSTER RD. SUITE G
83: ORLANDO FL 32807
84 City: ORLANDO FL 85 Zip Code: 32807

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P ☑ Change ☐ Addition
NAME	HARRIS, JAMES DANIEL	1.2 NAME	
STREET ADDRESS	429 GASTON FOSTER ROAD, SUITE A	1.3 STREET ADDRESS	431 GASTON Foster Rd
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	ORLANDO FL 32807
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 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.

SIGNATURE: James D. Harris JAMES D. HARRIS PRES 7-14-99 407-380-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)