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 # 190630

1. Corporation Name

WESTBROOK AIR CONDITIONING & PLUMBING INC.

Principal Place of Business							
1411 S. ORANGE BLOSSOM 1							
P.O. BOX 555459							

Mailing Address

TRAIL

1411 S. ORANGE BLOSSOM TRAIL

P.O. BOX 555459

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90016 002 ***550.00



ORLANDO FL 32855 ORLANDO FL 32855					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					01/31/1956			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For		
21		26		59-0761330	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	dditional		
22		27		5. Certificate of Status Desired	Fee Re	quired		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28	8		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip			8. This corporation owes the current year	Intangible		
24	25	29	0		Personal Property Tax.	🔀 Yes	□No	
	9. Name and Address of Current				10. Name and Address of New Register	ed Agent		
				Name	ne			
MATTHEWS, OWEN S.			8	Street Ad	Harner (P.O. Boy Number in Not Assentable)			
1411 S. ORANGE BLOSSOM TRAIL			8	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
2034 COVE TRAIL			8:	3				
ORLANDO FL 32855								
			8	City	E	85 Zip C	Code	
44 Burguent	to the provinces of Sections 607 0500	2 and 607 1508 Florida Statuton	the above	e-named co	prporation submits this statement for the purpose		registered	
office or re	egistered agent, or both, in the State of	of Florida. Such change was aut	horized by	the corpora	ation's board of directors. I hereby accept the ap	pointment as rec	gistered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	la Statute	S.				
SIGNATURE					ured when reinstating) DATE			
	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Age	ent signature requ	ared when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	D OFFICERS AND	DELETE	13. 11 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	HAMILTON, RAOBERT D							
NAME			1.2 NAME	\ \ \ \ \ \				
STREET ADDRESS	4384 CAROLWOOD ST			ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL	C oc ste	1.4 CITY	ST-ZIP			□ A4486-	
TITLE	DC	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	MATTHEWS, OWEN		2.2 NAME	}			ļ	
STREET ADDRESS	2034 COVE TRAIL		2.3 STRE	ET ADDRESS				
CATY-ST-ZIP	MAITLAND, FL 00000		2.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE	İ	ADDR	ESSX Change	☐ Addition	
NAME	FABER, CRAIG		3.2 NAME	ļ			l	
STREET ADDRESS	5011 LIDO STREET		3.3 STRE	ET ADDRESS	17 S. Westmoreland Dr.			
CITY-ST-ZIP	ORLANDO FL		3.4. CITY	ST-ZIP	Orlando, FL 32805			
TITLE	S	☐ DELETE	41 TITLE			Change	☐ Addition	
NAME:	COATS, ROSETTA		4 2 NAME				ļ	
STREET ADDRESS	1401 ANCHOR COURT		4.3 STRE	T ADDRESS				
C/TY-ST-Z/P	ORLANDO FL		4.4 CITY-	ST-ZIP			ļ	
TITLE	TD	☐ DELETE	5.1 TITLE	-		☐ Change	☐ Addition	
NAME :	GLANCY, DANIEL		5.2 NAME				}	
STREET ADDRESS	5409 ENDICOTT PLACE		5.3 STREE	TADDRESS				
CITY-ST-ZIP	OVIEDO FL		5.4 CITY-	ST-ZIP			,	
TITLE	V-11200 1 E	DELETE	6.1 TITLE			Change	Addition	
NAME		<u> </u>	6.2 NAME			3-		
*	•		1	TADDRESS			+	
STREET ADDRESS			6.4 CITY-	l			1	
CITY-ST-7ID			■ 6.4 CHY-	51-∠IP I				

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 charged or on an attachment with an address, with all other like empowered.

SIGNATURE: