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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 192069

(3)

AIR CONDITIONING- WEATHERMASTERS CO.

Principal Place of Business	

Mailing Address

FILED May 09 1997 8:00am Secretary of State



2810 CORRINE DR ORLANDO FL 32803		2810 CORRINE DR Orlando Fl 32803-2226						
					3. Date Incorporated or Qualified 04/02/1956	3a. Date of Last 05/01/1996		
2. Principal P	ipal Place of Business 2a. Mailing Address				4. FEI Number		pplied For	
21		26		59-0766951		lot Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	Additional		
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		8. This corporation has liability for i	intangible tax under s. 199.032,		
24	25		30	Florida Statutes		X Yes No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	sistered Agent		
	TTIN, HUGH S AND BEVERLY C.		E	1 Name				
2810 CORRINE DR				2 Street Ad	t Address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32803]_			······································		
!			l e	3				
			8	4 City		85 Zip	Code	
		5 - 105P 4500 51 1 61 1				FL °° Z'		
office or re	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida, Such change was a	uthorized	by the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing it the appointment a	its registered s registered	
SIGNATURE								
12.	Signature, typed or printed name of registered age OFFICERS AN		Registered /	igent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DC IN 12	پر
TITLE	PTD	DELETE	1.1 lift)		ADDITIONS/CHANGES TO OFFIC	Change	Addition	(96/6)
NAME	MARTIN, HUGH S	En percie	1.2 NAM	· · · · · · · · · · · · · · · · · · ·		Onling¢	7	_
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	ORLANDO FL			- ST - 7IP	'		1	Ē
CITY-ST-ZIP TITLE	VD VD	DELETE	21 111			Change	Addition	ä
NAME	COOK, RUBY H.		2.2 NAM			Land Oncorago	La. J Cloudes	_
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CITY-ST-ZIP	HAINES CITY FL		1	1-\$1-ZIP			1	
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I do 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.

1. /00 /07