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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 348626

(3)

MARTIN HEATING & AIR CONDITIONING INC

530 WILLIAMS POST OFFICE ( CANTONMENT	DITCH ROAD BOX 11	Mailing Address  530 WILLIAMS DITCH ROAD  POST OFFICE BOX 11  CANTONMENT FL 32533-0011					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						3. Date Incorporated or Qualified 06/27/1969	3s. Date o		eport
··	ace of Business	2a. Mailing Address				4. FEI Number 59-1267806		J	oplied For ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.					<b>\$</b>		Additional
22		27				5. Certificate of Status Desired		Fee Re	<u>.</u>
City & Strate	9	City & State				Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added t	
Zip	Country	Zip	Cour	ntry		This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Fiorida Statutes			
MAD	<ol> <li>Name and Address of Curren TIN, JACK L</li> </ol>	t Hegisterea Agent		81	Name	10. Name and Address of New Ke	gistered Age	Mt	
	WILLIAMS DITCH RD			82		ress (P.O. Box Number is Not Acceptab	lo)		
	TONMENT, FLORIDA					ess (F.O. Box Number is Not Acceptat	10)		
				83					
			ľ	в4	City		FL 8	5 Zip (	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the ab	ove-	-named corp	poration submits this statement for the p	urpose of cha	anging it	s registered
office or re agent. Lar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, F	authorized Iorida Statu	d by utes.	the corporat	lion's board of directors. I hereby accep	t the appoint	nent as	registered
SIGNATURE		management and the state of the							
12.	Signer vicing color printed hank of registered age OFFICERS AND		TE: Hegistered	Agen	it signatura requir	red when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIF	RECTOR	IS IN 12
TIFLE	DP	DELETE	1.1 7(1	LE				Change	Addition
NAME	MARTIN, JACK L		1.2 NA	ME					
STREET ADDRESS	530 WILLIAMS DITCH RD CANTONMENT, FL 00000				ADDRESS				
CHY-ST-ZW THEF	SD SD	☐ DELETE	14 CIT 21 TIT		-2IP			Change	Addition
NAME	MARTIN, THERESA		22 NA	ME	Ì				
STREET ADDRESS			23 \$16	23 STREET ADDRESS					
CHY-S1-70 TallE	CANTONMENT, FL 00000 D	DELETE	2 4 CI		r-ZIP			Change	Addition
NAME	ATES, J W	the state of the s		3.2 NAME				g	
STREET ADURESS	DT 4 DOV 444		3.3 ST	3.3 STREET ADDRESS					
CITY-ST-ZIF	MILTON, FL 00000	DELETE	3.4. Cl		T-ZIP				A station
TEM E NAME		L_J DELETE	4.1 TIT 4. 2 NA				لـــا	Change	M Addition
STHEFT ACTURESS			1		ADDRESS				
Crity St. ZiP			4.4 CIT						
TITLE		☐ DELETE	5.1 T(T					Change	Addition
NAVE			5.2 NA		I D D D C C C				
STREET ADDRESS ONLY ST-ZIP			5.4 CIT		ADDRESS   - 7IP				
TIRLE		☐ DELETE	6.1 TiT			THE RESERVE THE PROPERTY OF TH		Change	Addition
NAMI			6 2 NA	ME					
STREET ADDRESS					ADDRESS				
14. Edo heret	by certify that the information supplied	d with this filing does not qua	64 CIT lify for the c	exen	nption stated	d in Section 119.07(3)(i), Florida Statute	s. I further cer	rtify that	the
informatio Langan of	n indicated on this annual report or s	upplemental annual report is the receiver or trustee empor	true and a wered to e	<b>ICCU</b>	rate and that	my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as if n	nade und	der oath, that

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 9049186974

**FILED** 

Apr 08 1997 8:00am

Secretary of State