PROFIT 1 CORPORATION' ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 459326

1. Corporation Name

CLIMATIC CONDITIONING COMPANY, INC.

Principal Place of Business	
2012 MARTELE D. DADY LOOD	

Mailing Address

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90015 006 ***158.75



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2212 WHITFIELD PARK LOOP SARASOTA FL 34243			DO NOT WRITE IN THIS SPACE			
•			3. Date Incorporated or Qualifed 08/08/1974			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		59-1559136	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 25	Zip Co 29 30	untry	This corporation owes the current year Int. Personal Property Tax.	langible □ Yes □ No		
9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered	Agent		
STEHLE, RICHARD A.		81 Name				
2212 WHITFIELD PARK LOOP		82 Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34243		83				
		84 City	FL	85 Zip Code		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Stagent I am familiar with, and accept the obline	ate of Florida. Such change was authorize	ed by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi	changing its registered ntment as registered		

Signature, typed or printed name of registered agent end trie if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE PDC STEHLE, RICHARD A. T707 HERMITAGE CIRCLE STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE	DATE S TO OFFICERS A	ND DIRECTO	RS IN 12
NAME STEHLE, RICHARD A. 12 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELETE 2.1 TITLE 2.1		☐ Change	☐ Addition
STREET ADDRESS 7707 HERMITAGE CIRCLE SARASOTA FL 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 11TLE VD DELETE 2.1 TITLE			
CITY-ST-ZIP SARASOTA FL 14 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE 2.1 TITLE			i
TITLE VD DELETE 2.1 TITLE			
1		Change	Addition
NAME MULLIKIN, NORMAN L. 22 NAME			
STREET ADDRESS 1609 NORFOLK ST 23 STREET ADDRESS 23 STREET ADDRESS			
CITY-ST-ZIP ST. PETERSBURG FL 2.4 CITY-ST-ZIP			_
TITLE STD DELETE 3.1 TITLE	,	☐ Change	☐ Addition
NAME STEHLE, PAUL G. 32 NAME			
STREET ADDRESS 4717 FOY PLACE 3.3 STREET ADDRESS			
CITY-ST-ZIP SARASOTA FL 34.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 πT.E		Change	☐ Addition
NAME 5.2 NAME			
STREET ADDRESS 5.3 STREET ADDRESS		•	
CITY-ST-ZIP 54 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 6.4 CITY-ST-ZIP 1.4 L hereby cedify that the information symplicid with this filling does not qualify for the examplion stated in Section 119 07(3)(i) Florida S			

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 of 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, group an attachment with an address, with all other like empowered.