PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 505062 1. Corporation Name

CEE BEE AIR SYSTEMS, INC.

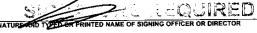
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Principal Place	of Business	Mail	ing Address					.,			
1232 ROCK SPF	RINGS RD		ROCK SPRINGS RD.								
P.O. BOX 2247		P.O. BOX 2247				DO NOT WRITE IN THIS SPACE					
APOPKA FL 32704-2247 US		APOPKA FL 32704-2247 US					3. Date Incorporated or Qualifed				
03							06/11/1976	6			
2 Principal Pl	ace of Business	2a. 1	Mailing Address				4. FEI Number	=		Арі	plied For
21		26	·				59-166274	8		No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of S			\$8.75 _. A	
22		27					3. Certificate of C	340400 5001100		Fee Re	<u></u>
City & State	9		City & State				6. Election Cam			\$5.00	
23		28					Trust Fund Co			Added t	o Fees
Zip	Country	<u> </u>	Zip	Cour	ntry		8. This corporati		rent year int		□No
24	25	29		30			Personal Prop		Registered		
	9. Name and Address of Currer	nt Registe	erea Agent		81 1	Name	10. Name and A	441033 01 11011			
MCH	EOD, RAYMOND A.			į	- '						
	•				82 3	Street Addre	ess (P.O. Box Numb	er is Not Accept	able)		}
48 E. MAIN ST. DRAWER 950					83					1-1-1-1	
APOPKA FL 32704											1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are sections.	ations of, S	Section 607.0505, Fl	orida Statu	ites.	e corporatio		statement for the	.,р. ш.о прр	changing its ntment as re	registered gistered
OIOIATORE	Signature, typed or printed name of registered age		,		Agent si	gnature required	when reinstating)	HANGES TO O	DATE	ID DIRECTO	DS IN 12
12.	OFFICERS AN	ND DIREC	TORS DELETE	13.	16		ADDITIONS/C	HANGES TO O	FFICERS AI	☐ Change	Addition
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NAME	BLODGETT, PHILLIP A. 1224 BALMY BEACH DRIVE			1.2 NA	ме						
STREET ADDRESS				1.2 NA		nnpees					
				1.3 STI	REET AL						
CITY-ST-ZIP	APOPKA FL 32703		□ DELETE	1.3 STI 1.4 CIT	REET AL				.	Change	Addition
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90004 016 ***150.00