Feb 18, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 515179

1. Corporation Name

CITY-ST-ZiP

BRITT'S AIR CONDITIONING, INC.

Principal Place	e of Business	Mailing Address					AIA INII BINSI DISIS DIN		NE DIGIS CANS
•		655 CHILDRE AVE	ILDRE AVE						
***************************************			TITUSVILLE FL 32796			20 107 170	N. T.U.O. O.D.A.		
;						3. Date Incorporated or Qualifed	TE IN THIS SPAC	<u> </u>	· · · · · · · · · · · · · · · · · · ·
				_		3. Date incorporated of cidalited			· Amarian
2. Principal P	lace of Business	-2a Mailing Addres	SS			4. FEI Number			lied For
21		26				59-1694743			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired	1 X 1	3.75 Ad Fee Req	
22 City 9 Ctat	_	City & State				6. Election Campaign Financing		5.00 N	<u>`</u>
City & State	e	28				Trust Fund Contribution	1 1	Added to	-
Zip	Country	Zip		Country		8. This corporation owes the curr			
24	25	29	30	•		Personal Property Tax.	. □Y		□No
24)	9. Name and Address of Curre		1 1			10. Name and Address of New I	Registered Agen	t	
		,	·	81	Name				
	T, DANIEL T.			82	Street Add	dress (P.O. Box Number is Not Accept	able)		-
	S LIONEL ROAD				Oll COL 7 (G				
MIMS	S FL 32754			83					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
				84	City		85	Zip C	ode
100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*				,		FL "		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida	a Statutes, the	e above	-named co	rporation submits this statement for the tion's board of directors. I hereby acce	purpose of chang of the appointmen	ging its r it as reg	egistered
					the comora				istereu
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga	ations of, Section 607.05	505, Florida S	Statutes.	the corpora	and the sound of directors. The sery asset			istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.05	505, Florida S	Statutes.	the corpora			·	istered
agent. I a SIGNATURE	im familiar with, and accept the obligations of the obligation of	ations of, Section 607.05	(NOTE: Regist	tered Agen	the corpora	ired when reinstating)	DATE	· · · · ·	istered
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS AI	ations of, Section 607.05 ent and little if applicable. ND DIRECTORS	(NOTE: Regist	tered Agen	the corpora	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DI	RECTOR	istered
agent. I a SIGNATURE 12. IIILE	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.05	(NOTE: Regist	tered Agen 13.	the corpora	ired when reinstating)	DATE FICERS AND DI	· · · · ·	RS IN 12
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14. 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: