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

PROFIT

CORPORATION

SIGNATURE: Kemas & A Brown W.

ANNUAL REPORT Secretary o	of State	FILED	1
1999 DIVISION OF CO	RPORATIONS	l lon lon L	
DOCUMENT # 5\STS 1. Corporation Name		99 SEP -7 PM 2: 29	
(Florida)		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Comfort Systems USA of FL Inc.		TALLAHASSEE, FLOR	RIDA
Principal Place of Business Mailing Address		1	į.
1026 Savage Court 1026 Savage Court			
Longwood, FL 32750 Longwood, FL 32750		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified 08/06/99	
2. Principal Place of Business 2a. Malling Address		4. FEI Number	Applied For
21 1026 Savage Court   26 1026 Savage Court   Suite, Apt. #, etc.		59-1691261	Not Applicable \$8.75 Additional
22 27		5. Certifcate of Status Desired	Fee Required
City & State Longwood, F1 32750 28 Longwood, FL 32750		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip 24 32750 25 USA 29 32750 30	Country	This corporation owes the current year Int.  Personal Property Tax.	angible □Yes <b>X</b> ⊒No
24   32 / 30   25   USA   29   32 / 30   30   30   30   30   30   30   30	I J	10. Name and Address of New Registered	
	81 Name		
		ss (P.O. Box Number is Not Acceptable)	
1026 Savage Court Londwood, Fl 32750	83		
	84 City		85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes.	the above-named corpo	FL ration submits this statement for the purpose of	changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.			
	beth G. Boo		
Signatury, typed or printed name of registered agent and title if applicable (NOTE: Re- 12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TILE President DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME Kéññethia. Bodwell street adoress 1521 Frances Drive	1.2 NAME		
street address T521 Frances Drive city-st-zip Apopka TFL-32703	1.3 STREET ADDRESS		
TITLE Vice President/Service DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME Paul Coveney	2.2 NAME	200002007	20525
STREET ADDRESS 1324 Dunhill Drive	2.3 STREET ADDRESS	200002987 -09/15/99	01049029
Longwood, FL 32750	2.4 CITY-SY-ZIP 3.1 TITLE	*****61.25	Change Claddion
Vice President/Installation Nicholas Bodwell	32 NAME		
STREET ADDRESS 1226 Poinsettia Dr.	3.3 STREET ADDRESS		
CITY-ST-ZIP Apopka, Fl 32703	3.4. C/TY-ST-ZIP		☐ Change ☐ Addition
Vice President/Sales	4.1 TITLE 4.2 NAME		☐ Change ☐ Addition
NAME Richard Bodwell	4.3 STREET ADDRESS		
2434 Canterclub Trail Apopka, FL 32712	4.4 CITY-ST-ZIP		
Sole Director DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME Gordie Beittenmiller	5.2 NAME 5.3 STREET ADDRESS		
777 Post Oak Blvd, Suite 500	5.4 CITY-ST-ZIP		
TITLE Vice President/corporateDELETE	6.1 TITLE	* · **	☐ Change ☐ Addition
Pete O'Brien 777 Post Oak Blvd., suite 500	62 NAME	<b>178</b>	
Huston, TX 77056	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	$ \mathcal{J} $	
14. I hereby certify that the information supplied with this filing does not qualify for the	e exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further cer	tify 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 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, or off an attachment with an address, with all other like empowered.  (407) 265-1480			
SIGNATURE: Nemar A Body 11 08/06/99 (407)843-3770			

Kênneth A. Bodwell

FLORIDA DEPARTMENT OF STATE

**Katherine Harris**