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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 545366

(7)

FILED Jan 30 1998 8:00am Secretary of State

MORRISON ELECTRIC HEATING & AIR CONDITIONING, IN C. Principal Place of Business Mailing Address 30917 GAMAGE DR P 0 90X 491828 LESSURG R, 94749 2. Principal Place of Business 3. Date incorporation or Custified 9915/1977 2. Principal Place of Business 2. Melling Address 2. Solid Exceptionating or Custified 9915/1977 2. Principal Place of Business 3. Date incorporation or Custified 9915/1977 3. Control or Custified 9915/1977 3. Control or Date of C	1. Corporatio	n Name	(')						
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2. Principal Place of Business	LEESBURG FL 34749 LEESBURG FL 34749						IS SPACE	<u> </u>	
22						3. Date Incorporated or Qualified			
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Suite, Apt. 8, etc. 23	2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For		
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City & State 23	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75	Additional		
22 20 20 20 20 20 20 20	22		27			3. Certificate of Status Desired	Fee Re	equired	
28	City & State)	City & State		6. Election Campaign Financing	\$5.00	May Be		
S	23		28						
9. Name and Address of Current Registered Agent MORRISON, GEORGE R 30517 ORANGE DR LEESBURG FL 34748 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 agent. I am familiar with, and accept the ollegations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the ollegations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OPERITOR SAND DIRECTORS 12. ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS 12. 13. TITLE DIRECTOR SAND DIRECTORS 13. SECTIONS SAND DIRECTORS 14. STREET ADDRESS SIGNATURE SIGNATURE OPERITOR SAND DIRECTORS 15. STREET ADDRESS SIGNATURE OPERITOR SAND DIRECTORS 15. STREET ADDRESS SIGNATURE OPERITOR SAND DIRECTORS SIGNATURE OPERITOR	Zip	Zip Country Zip (/	8. This corporation owes or has paid the	current vear In	ta rre fole	
MORRISON, GEORGE R 30517 ORANGE DR LEESBURG F1 34748 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.002 and 607.1005, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing is registered agent. I am familiar with. And accept the objections of Section 607.0505, Plorida Statutes, the above-harmed corporation submits this statement for the purpose of changing is registered agent. I am familiar with. And accept the objections of Section 607.0505, Plorida Statutes, the objection of Section 607.0505, Plorida Statutes	24	25 29 30							
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LEESBURG FL 34748 Bat City FL Bs Zip Code	МО	rrison, george r		81	Name				
LEESBURG FL 34748 Ba City FL Bs Zip Code	305	17 ORANGE DR		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
Section Sect	JEESBURG FL 34748					to the restriction of the contraction of the contra			
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, or hard and accept the obligations of, Section 607,0505, Florida Statutes. Ten agent I am familiar with and accept the obligations of, Section 607,0505, Florida Statutes. Popular and accept the obligations of, Section 607,0505, Florida Statutes.				83					
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SIGNATURE 20	11. Pursuant to the provisions of Sections 607,0502 and 607,1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
SIGNATURE 20	agent, I ar	n familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes	y ine corporati s.	on's board or directors. I hereby accept the a	ppomiment as	registered	
12						•		ŀ	
TITLE	OIGHT (TOTAL	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Age	ent signature require	d when reinstating) DATE			
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		ertify that the information supplied wi	th this filing does not qualify for			Section 119.07(3)(i). Florida Statutes 1 further	certify that the	information	

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 afteress.

SIGNATURE: Paula Microsoft PROPERTY OF THE PARTY OF THE P

1-15-98 (357-787-3868