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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 558636

WILSON'S AIR CONDITIONING, INC.

(7)

Mailing Address

FILED Feb 17 1998 8:00am Secretary of State



1 mopan	Idua di Busilloss	Maining Address			
1532 STATE AVEUNIT K HOLLY HILL FL 32117-2245		1532 STATE AVEUNIT K HOLLY HILL FL 32117-2245			
				DO NOT WRITE IN	N THIS SPACE
				Date Incorporated or Qualified	
				02/01/1978	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26				59-1879821	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 .				a. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid	
24	26	29 3	30	Personal Property Tax due June 30	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
WILSON, JAMES P.					
1532 STATE AVE., UNIT K				Address (P.O. Box Number is Not Acceptable	
HOLLY HILL FL 32017					nit K
			83		
1			84 City		Total Zin Code
				Helly Hill	FL 85 Zip Code
11. Pursua	nt to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the pur	anno of abancing its engistered
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
Our Addition in the Land of the Control of the Cont					
SIGNATURE	E	agent and title if applicable INOTE:	Registered Agent signature	o required when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	PVO	☐ DELETE	1.1 TITLE	PVD	Change Addition
NAME	WILSON, JAMES P.		1.2 NAME	June L. Wilson	-
STREET ADDRES			1.3 STREET ADDRESS	1818 S Flagley Ane	
CITY-ST-ZIP	FLGER BCH FL		1.4 CITY-ST-ZIP	Flaglom Brach Fl.	32136
TITLE	ST	DELETE	2.1 TITLE	ST	Change Addition
NAME	WILSON, JAMES P.		2.2 NAME		
STREET ADDRESS	s 1819 S FLAGER AVE		2.3 STREET ADDRESS	JUNE L. COLUEN AND	
CITY-ST-ZIP	FLGER BCH FL		2.4 CITY - ST - ZIP	Flugler Beach Fl.	3456
TITLE		DELETE	31 TITLE	FIRSTER ISSUED I	Change Addition
NAME		_	3 2 NAME		
STREET ADDRESS	s		3.3 STREET ADDRESS		
CITY-ST-ZIP	-		3.4. CHTY-ST-7IP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		C comité C vadition
STREET ADDRESS			4.3 STREET ADDRESS		
	'				
CITY-ST-ZIP TITLE	+	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
		DETETE			☐ Change ☐ Addition
NAME OTREET LODGES			5.2 NAME		
STREET ADDRESS	?		5.3 STREET ADDRESS		
CITY-ST-ZIP		The street	5.4 CiTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ D€LETE	6.1 TITLE		Change Addition
NAME	1		6.2 NAME		
STREET ADDRESS	\$ 		6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - \$1 - ZIP	<u> </u>	
14 I hereby	certify that the information supplied	with this filing does not qualify for t	the exemption state	d in Section 119 07(3)(i). Florida Statutes, Lifer	har cartify that the information

4. 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.