

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **613338** (3)
1. Corporation Name
HAWKS REFRIGERATION AIR CONDITIONING, INC.

Principal Place of Business 4715 N CLARK AVE TAMPA FL 33614	Mailing Address 4715 N CLARK AVE TAMPA FL 33614
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/16/1979	4. FEI Number 59-1951743 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAWKS, PAUL 602 W CURTIS TAMPA FL 33603		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HAWKS, PAUL D. 602 W CURTIS TAMPA FL CITY-ST-ZIP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HAWKS, PAUL D. 602 W. CURTIS TAMPA FL CITY-ST-ZIP	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S HAWKS, MILDRED M 14241 LITTLE LAKE RD SPRINGHILL FL CITY-ST-ZIP	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	T HAWKS, MILDRED M. 14241 LITTLE LAKE ROAD SPRINGHILL FL CITY-ST-ZIP	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETE		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Paul D. Hawks* *Mildred M. Hawks* *2/17/98* *813-879-788*

CR2E034 (10/97)