FILED

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 647482

1. Corporation Name

PEADEN AIR CONDITIONING & HEATING, INC.

TEADER	All CONDITIONING & TE	zarata, iito					
Principal Place of Business Mailing Address			-		4 (98)(6 B)(4) g(6)((98)) b)(8) (10) b)(6) (10) b)(6)	II 81811 AIBI1 1081	
% ROBERT E. PEADEN			5799 32405-5	720	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					12/01/1979		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					00.00000	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		F Contiferate of Status Desired	Additional Required	
City & State	City & State			6. Election Campaign Financing 5.0	0 May Be		
23 28		— ·	¬ ´			d to Fees	
Zip			Countr	у	8. This corporation owes the current year Intangible		
24	25 29 30		30	_	Personal Property Tax.	□No	
	9. Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Registered Agent		
			8-	Name			
PEADEN, MICHAEL D 2615 CANAL AVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32405			83	1			
				City	FL 85 Zi	ip Code	
l office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was a lations of, Section 607.0505, Flo	uthonzed by orida Statute	the corpors.	orporation submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment as	its registered registered	
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12	
TITLE			1.1 TITLE		☐ Chang	ge Addition	
NAME	PEADEN, MICHAEL D 127		1.2 NAME				
STREET ADDRESS	COLE CANAL CENEET		1.3 STRE	T ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 140		1.4 CITY-	ST-ZIP			
TITLE	☐ DELETE 2.11		2.1 TITLE		☐ Chang	ge · D Addition	
NAME			2.2 NAME				
STREET ADDRESS	! :		2.3 STRE	ET ADDRESS		-	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE 3.1 T		3.1 TITLE		☐ Chang	je 🔲 Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	TADDRESS			
CITY-ST-ZIP	<u></u>		3.4, CITY-	ST-ZIP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE		☐ Chang	ge Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		. Chang	ge Addition	
1 MARKET			m 52 NAME				

CITY-ST-ZIP 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 changes or on an artifument with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Michael D. Peaden

☐ DELETE

2/4/99

850 763-4638

Daytime Phone #

☐ Change

Addition