

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90107 014 \*\*\*150.00

DOCUMENT # 670022

1. Corporation Name  
HVAC ESTIMATORS, INC.

Principal Place of Business

3818 N. 40TH ST.  
TAMPA FL 33610

Mailing Address

3818 N. 40TH ST.  
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1980

4. FEI Number

59-1998466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13020 FAIR GREEN DR

Suite, Apt. #, etc.

22

City & State

23 RIVERVIEW FL

Zip

24 33569

Country

25 USA

2a. Mailing Address

26 13020 FAIR GREEN DR

Suite, Apt. #, etc.

27

City & State

28 RIVERVIEW FL

Zip

29 33569

Country

30 USA

9. Name and Address of Current Registered Agent

FRENCH, DONALD E.  
13020 FAIR GREEN DR.  
RIVERVIEW FL 33569

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

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

TITLE PD ☐ DELETE

NAME FRENCH, DONALD E.  
STREET ADDRESS 13020 FAIR GREEN DR.  
CITY-ST-ZIP RIVERVIEW FL

TITLE T ☐ DELETE

NAME FRENCH, DONALD E.  
STREET ADDRESS 13020 FAIR GREEN DR  
CITY-ST-ZIP RIVERVIEW FL

TITLE S ☐ DELETE

NAME FRENCH, BETTY I.  
STREET ADDRESS 13020 FAIR GREEN DR.  
CITY-ST-ZIP RIVERVIEW FL

TITLE VP ☐ DELETE

NAME FRENCH, DONALD E. JR.  
STREET ADDRESS 116 MITCHELL DRIVE  
CITY-ST-ZIP BRANDON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald E. French Sr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

813-677-9486

Daytime Phone #

CR2E034 (11/98)

0389430