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

DOCUMENT # 694127

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

ACTION AIR & HEAT, INC.

}							
Principal Place of Business Mailing Address							
1078 PLATINUM CT 1078 PLATINUM C DELTONA FL 32725 DELTONA FL 3273 US US					. DO MOT WRITE II		•
US US					DO NOT WRITE IN THIS SPACE		
	-				3. Date Incorporated or Qualifed 07/13/1981	¥ .	
⊢ '	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ar	plied For
21		26			<u>59-2119076</u>	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			a asi mwanasa an		5. Certificate of Status Desired	\$8.75	Additional
22 City 9 Ct-	27				Fee Re	equired	
City & Sta	ite	City & State	¬ ´		6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28		Trust Fund Contribution	Added 1	to Fees	
	25	Zip	. Country		8. This corporation owes the current year.		
24	9. Name and Address of Current		30		Personal Property Tax.	∐Yes	□No
	3. Name and Address of Correll	r Kegistered Agent	81	Name	10. Name and Address of New Regis	tered Agent	
SCH	ION, ROBERT B.		["]	Name			' '
1078 PLATINUM CT			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
DELTONA FL 32738			83				
			ုိႆ		4.		(3) 建熔炼
			84	City		85 Zip 0	Code
44 Diamet	to the annuisians of Co-15 CO7 OCO	1 - 1 007 4500 55 11 01		·	-	<u>FL </u>	
· Office of i	registereo agent, or both, in the State o	of Fiorida. Such change was au	ithorized by 1	the corporatio	oration submits this statement for the purpoon's board of directors. I hereby accept the	use of changing its appointment as re-	registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statutes.			appointment do re	9,010,00
SIGNATURE					•]
12.	Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent	signature require		ATE:	
TITLE	DP OTTICERO AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	SCHON, ROBERT B.		1.2 NAME	.		☐ Change	☐ Addition
STREET ADDRESS	4474 61 4771 11 11 4 67						}
CITY-ST-ZIP	DELTONA FL		1.3 STREET		•		
TITLE	V	☐ DELETE	1.4 CITY-ST 2.1 TITLE	-ZIP	***		
NAME	CILIBERTI, JOHN A.	D DEFEIG				☐ Change	Addition
STREET ADDRESS	1078 PLANTINUM CT		2.2 NAME				
CITY-ST-ZIP	DELTONA FL	نے سے درواز محصید میں کا	2.3 STREET				
TITLE	OLCIVITA I L	□ DELETE	2. 4 CITY-ST 3.1 TITLE	-ZIP			Addis:
NAME		[] DELETI-		-		☐ Change	☐ Addition
STREET ADDRESS	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.2 NAME				
1.	A	•	3.3 STREET		The state of the s	1.	
CITY-ST-ZIP TITLE		□ DELETE	3.4. CITY-ST	-ZIP		(Dot -	7: 6
NAME		LI-VELE (E	4.1 TITLE			∵ ☐ Change	Addition
		the second	4. 2 NAME				
STREET ADDRESS		, ,	4.3 STREET	·	•	•	
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-	ZIP			
TITLE ·	•	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	ADDRESS I			

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if chapter 607 and attacking the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or

5.4 CITY-ST-ZIP

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

FILED

Feb 06, 1999 8:00am

Secretary of State

A BORLO BELLE (BLE) BERRE HERD HERD HERD HERD BERLE BERLE BERLE BERLE BERLE BRACE

02-06-1999 90004 017 ***150.00

CR2E034 (11/98)

Addition