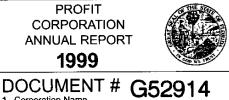
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



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 90099 015 \*\*\*150.00

HILL'S A	AIH CONDITIONING & HEA	TING, INC.					
Principal Plac	e of Business	Mailing Address			1 1002111 0001 01110 11010 11011 0101 0101	if Q1041 Q1011 01017 1	AND PERMENTAL PROPERTY.
1040 ALCAZAR		1040 ALCAZAR WAY SO.					
ST PETERSBURG FL 33705 ST PETERSBURG FL 33705							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					08/04/1983	<del></del>	
<u> </u>		2a. Mailing Address		4. FEI Number	Applied For		
21		26			59-2368550	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required			
22		27		.,			
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added 1	o Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year		₽160
24	25		30		Personal Property Tax.	☐ Yes	ESTINO
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Registere	a Agent	
ын	_, JAMES R.		l°.	Name			ļ
	O ALCAZAR WAY SOUTH		82	2 Street Add	tress (P.O. Box Number is Not Acceptable)		
			L_				
1311	CPETERSBURG FL 33705		8:	3			
			84	4 City		. 85 Zip (	Code
					poration submits this statement for the purpose	<b>L</b>	ļ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Age	ent signature requir	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
TITLE	PDST	DELETE	1.1 TITLE		ADDITIONAL CONTROL OF CONTROL	Change	[ ] Addition
	HILL, JAMES R.		1.2 NAME	1		_ ,	_
NAME	4040 41 04740 14/41/ 00			ET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP	ST. PETERSBURG FL				•		
TITLE		□ nei ete		ST-ZIP		Change	Addition
NAME	i	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.1 TITLE 2.2 NAME			☐ Change	☐ Addition
CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREE	ET ADORESS		Change	☐ Addition
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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:

G OFFICER OR DIRECTOR