FILED Apr 01, 1999 8:00 am Secretary of State

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## 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 # H48750

GROSSMANN AIR CONDITIONING, INC.

Principal Place of Business Mailing Address						. I ideleit dill eider (ett) reaer erm der dreit eren eren eren eren eren eren eren
2855 SE PERU ST. 10205 SE LENNARD RD.						
	FL 34984-6212	BOX E-14			DO NOT MURITE IN THIS CRACE	
US		PT. ST. LUCIE FL 34952				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
		US	υo			03/25/1985
2 Deineinel D	lana of Dusings	2a. Mailing Address				4. FEI Number Applied For
	lace of Business	26 Address			59-2522478 Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additional
22	m, 010.	27				5. Certifcate of Status Desired Fee Required
City & State	e	City & State				6. Election Campaign Financing S5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	У		8. This corporation owes the current year Intangible
24	25	29 3	:0			Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
000	AAMANIN IEEEDEV V		8.	1	Name	
GROSSMANN, JEFFREY V.			8:	82 Street Address (P.O. Box Number is Not Acceptable)		
	SE PERU STREET			_		
P1. 3	ST. LUCIE FL 34984		8:	3		
			84	4	City	85 Zip Code
						FL us 25 octobrod
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	i, the abor horized by	ve- v th	<ul> <li>named corpor</li> <li>he corporation</li> </ul>	ration submits this statement for the purpose of changing its registered i's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florio	la Statute	s.	no corporano.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE						
	Signature, typed or printed name of registered ager		legistered Age	ent e	signature required v	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ID DIRECTORS  DELETE	1.1 TITLE			Change Addition
TITLE	P OBOGOVANIN IEEEDEV	G DELETE				
NAME	GROSSMANN, JEFFREY		1.2 NAME		4000000	
STREET ADDRESS	2855 SE PERU ST	_	•		ADDRESS	,
CITY-ST-ZIP	PT. ST. LUCIE FL 34984	☐ DELETE	1.4 CITY-5		ZIP	☐ Change ☐ Addition
TITLE	ST	□ DELETE	1		-	O Straigs Communication
NAME	GROCOMPIN, FROET		2.2 NAME			
STREET ADDRESS 2855 SE PERU ST			2.3 STREET ADDRESS			gar and an
CITY-ST-ZIP	PT. ST. LUCIE FL 34984		2.4 CITY-ST-ZIP		-ZIP	☐ Change ☐ Addition
TITLE	V	☐ DELETE	3.1 TITLE			
HAME	1010011202, 1110110101		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		1	
CITY-ST-ZIP	FT. PIERCE FL				-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS		•			ADDRESS	
CITY, ST-ZIP			4.4 CITY-ST-ZIP		ZIP	☐ Change ☐ Addition
TIME L		☐ DELETE	5.1 TITLE 5.2 NAME			
NAME					ADDDECC	
STREET ADDRÉSS			5.3 STRE			
CITY-ST-ZIP			5.4 CITY-		ZP	☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
CTDEET ADDDEES			6.3 STRE	ET A	ADDRESS	

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 man attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**