

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90215 023 ***150.00

DOCUMENT # H59290

1. Corporation Name

CLIMATRON, INC.

Principal Place of Business

**418 N SEGRAVE STREET
P.O. BOX 15230
DAYTONA BEACH FL 32115**

Mailing Address

**418 N SEGRAVE STREET
P.O. BOX 15230
DAYTONA BEACH FL 32115**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1985

4. FEI Number

59-2621351

59-3534042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**TYDIR, PETER
30 SANDPOINT CIR
ORMOND BCH FL 32174**

10. Name and Address of New Registered Agent

81 Name

GEORGE E. HILL

82 Street Address (P.O. Box Number is Not Acceptable)

1107 MORGAN RD.

83

84 City

PORT ORANGE

FL

85 Zip Code

32119

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

GEORGE E. HILL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **TYDIR, PETER**
STREET ADDRESS **30 SANDPOINT CIR**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE **VP** ☒ DELETE
NAME **TYDIR, IVONA**
STREET ADDRESS **30 SANDPOINT CIR**
CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P** ☐ Change ☒ Addition
1.2 NAME **GEORGE E. HILL**
1.3 STREET ADDRESS **1107 MORGAN RD.**
1.4 CITY-ST-ZIP **PORT ORANGE FL**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **LINDA L. HILL**
2.3 STREET ADDRESS **1107 MORGAN RD.**
2.4 CITY-ST-ZIP **PORT ORANGE, FL**

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:

PETER M. TYDIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE E. HILL

Date

Daytime Phone #

4/20/99

904/257-5758

CR2E034 (11/98)