FILED

Jan 23, 1999 8:00am

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

1. Corporation						
AIR CO	nditioning & Heating Si	ERVICE, INC.				
Principal Pla	ce of Business	Mailing Address		(100181 0111 10001 10101 13118 10111 0101 010	1011 B3811 B1811 B	#10#1 01011 100 1
% JOSEPH C.	TAYLOR	% JOSEPH C. TAYLOR				
9064 GULF BCH HWY		9064 GULF BCH HWY				
PENSACOLA FL 32507 US		PENSACOLA FL 32507 US		DO NOT WRITE IN THIS SPACE		
100		03		3. Date Incorporated or Qualifed		
2 Principal I	Place of Business	2a. Mailing Address		10/02/1985 4. FEI Number		
21		26		59-2592886		oplied For ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			\$8.75	
22		27		5. Certifcate of Status Desired	Fee Re	
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	8. This corporation owes the current year Int.	angible	
24	25		30	Personal Property Tax.	Yes	⊡No
Ĺ	9. Name and Address of Curre		94 1	10. Name and Address of New Registered	Agent	
TAY	TOR JOSEPH C		81 Name	•		
5672 HERMOSA CIRCLE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
1	ISACOLA FL 32506		83		1 1 2 3	CALL 7 4 7 500
			63			
			84 City		85 Zip (Code
44 Dumum	t to the provisions of Continue 607 051	02 and 607 1509. Florida Statuta	the above period core	poration submits this statement for the purpose of	shanaina ita	
				on's board of directors. I hereby accept the appoin	ntment as re	gistered
agent In	registered agent, or both, in the State am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Agent signature require	od when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE		Change	☐ Addition
NAME	TAYLOR, JOSEPH C.		1.2 NAME			
STREET ADDRESS	5 5672 HERMOSA CIRCLE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	TAYLOR, STANLEY		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL	•	2.4 CITY-ST-ZIP			
TITLE TALE	Transport	☐ DÉLETE	3.1 TITLE	•	Change	☐ Addition
NAME .	TAYLOR, HELEN		3.2 NAME			
STREET ADDRESS	TNOT IN THE STATE OF THE STATE		3.3 STREET ADDRESS		4 . 4	2 1.9
CiTY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP			
TITLE	S TAVE OR DEPORALLO	☐ DELETE	4.1 TITLE		Change	Addition
NAME	TAYLOR, DEBORAH C		4. 2 NAME	•		
STREET ADDRESS	9068 GULF BEACH HWY PENSACOLA FL	ŧ	4.3 STREET ADDRESS			
CITY-ST-ZIP	V	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	TAYLOR, GORDON E	☐ DELETE	5.1 MLE 5.2 NAME		□ creanige	
STREET ADDRESS	AATA 14/FATERNI 14/41/ DA		5.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP			
TITLE	711 - N.	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME	·		
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP 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:

STREET ADDRESS