

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

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**Mar 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J24116 (2)
1. Corporation Name
COMFORT CONTROL OF WEST ORANGE, INC.



Principal Place of Business: 111 WEST PLANT ST. P. O. BOX 771306 WINTER GARDEN FL 34777-8306
Mailing Address: 111 WEST PLANT ST. P. O. BOX 771306 WINTER GARDEN FL 34777-8306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/16/1986**

4. FEI Number: **59-2759999** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 **755 Seventh Aven.** Suite, Apt. #, etc.
City & State: **Gotha, Fla.**
Zip: **34734** Country: **U.S.**

2a. Mailing Address: 26 **P.O. 771306** Suite, Apt. #, etc.
City & State: **Winter Garden, Fla.**
Zip: **34787** Country: **U.S.**

9. Name and Address of Current Registered Agent
**JOHNSON, BLAIR M.
425 SOUTH DILLARD ST
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name: **William Morley**

82 Street Address (P.O. Box Number is Not Acceptable): **755 Seventh Aven.**

83

84 City: **Gotha** FL 85 Zip Code: **34734**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: **William Morley President** DATE: **3-2-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORLEY, WILLIAM	
STREET ADDRESS	111 WEST PLANT STREET	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MORLEY, WILLIAM	
STREET ADDRESS	111 WEST PLANT STREET	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **William Morley** DATE: **3-2-98** **656-4566**

CR2E034 (10/97)