

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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90014 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J24116**

1. Corporation Name  
**COMFORT CONTROL OF WEST ORANGE, INC.**



Principal Place of Business 755 SEVENTH AVE GOTHA FL 34734 US	Mailing Address P. O. BOX 771306 WINTER GARDENS FL 34787 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>603 BEULAH RD.</b> Suite, Apt. #, etc. 22 City & State 23 <b>WINTER GARDEN, FLA.</b> Zip 24 <b>34787</b> 25 <b>US</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified <b>07/16/1986</b>	4. FEI Number <b>59-2759999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MORLEY, WILLIAM**  
**755 SEVENTH AVE**  
**GOTHA FL 34734**

10. Name and Address of New Registered Agent

81 Name <b>WILLIAM MORLEY</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>603 BEULAH RD.</b>
83 <b>WINTER GARDEN, FLA</b>
84 City <b>FL</b> 85 Zip Code <b>34787</b>

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 William Morley, President DATE 4-7-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLEY, WILLIAM	1.2 NAME	
STREET ADDRESS	111 WEST PLANT STREET	1.3 STREET ADDRESS	<b>603 BEULAH RD</b>
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	<b>WINTER GARDEN, FLA. 34787</b>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLEY, WILLIAM -	2.2 NAME	
STREET ADDRESS	111 WEST PLANT STREET	2.3 STREET ADDRESS	<i>same as above</i>
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	<i>same as above</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William Morley **REQUIRED** DATE: 4-7-99 DAYTIME PHONE #: 4076564566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)