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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J47456

E & S AIR CONDITIONING AND HEATING, INC.

Principal Place of Business Mailing Address					T (801)10 611 9101 1081 0100 6118 011 0161 0101 0101 6161 0101 6161 1001 6161 1001	
25 DRENNEN RI		25 DRENNEN RD	•			
STE 1		STE 1				
ORLANDO FL 32806		ORLANDO FL 32806			DO NOT WRITE IN THIS SPACE	
US .		US			3. Date Incorporated or Qualifed 12/17/1986	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2850789 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22					5. Certificate of Status Desired Fee Required	
City & State		City & State		-	6 Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip Country 2		Zip	·		8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	
DVI E	1 1					
PYLE, FRANK J., JR 1525 E. ROBINSON ST 340 N. Orange Ave.			82	Street Addre	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801		J	83			
			84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named cor				named como	pration submits this statement for the ourgose of changing its registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. I nereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Regi	istered Agent	signature required	when reinstating) DATE	
12.	OFFICERS AND		13.	orginatoro rod	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		! ☐ Change ☐ Addition	
NAME	BURNETT, WILLIAM E.		1.2 NAME		ì	
STREET ADDRESS			1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL			-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	BURNETT, MARILYN M.	RNETT, MARILYN M. 22N				
STREET ADDRESS	1314 APPLETON AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	A		2. 4 CITY-ST	r-ZIP		
TITLE	The second of th	DELETE -	3.1 TITLE		☐ Change ☐ Addition	
NAME	<u>.</u>		3.2 NAME			
STREET ADDRESS	338		3.3 STREET	ADDRESS		
CITY-ST-ZIP	3.4.0		3.4. CITY-ST	r-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	35		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-	- ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP	-51-21		5.4 CITY-ST	-ZIP		
TITLE DELETE			6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	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 on an attachment with an address, with all other/like empowered.