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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90071 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J91917

1. Corporation Name

ECONOMY AIR CONDITIONING AND HOME MAINTENANCE, I
NC.

Principal Place of Business
785 BEAL PKWY NE
FT WALTON BEACH FL 32547-3056

Mailing Address
785 BEAL PKWY NE
FT WALTON BEACH FL 32547-3056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/08/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2851201	
24 Country		29 Country		30 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 the current year Intangible	
				Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EATON, ROBERT L. 508 PELHAM ST FT WALTON BEACH FL 32548				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	Change	Addition	
NAME	EATON, ROBERT L.			1.2 NAME			
STREET ADDRESS	508 PELHAM ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			1.4 CITY-ST-ZIP			
TITLE	V	DELETE		2.1 TITLE	Change	Addition	
NAME	HILL, JIMMY B.			2.2 NAME			
STREET ADDRESS	212 PRICILLA DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE	TS	DELETE		3.1 TITLE	Change	Addition	
NAME	MULLEN, WILLIAM E.			3.2 NAME			
STREET ADDRESS	115 PINWOOD TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT WALTON BEACH FL			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change	Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change	Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change	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:

ROBERT L. EATON

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99

850-863-2555