

AMENDED A.R.

Amended: \$61.25
FILED

99 OCT 18 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

PROFIT CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # J91917

1. Corporation Name

Chozn Heating & Air Conditioning
Maintenance, Inc.

Principal Place of Business

Mailing Address

785 J Beal Parkway N.E.
Fort Walton Beach, FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 8, 1987

4. FEI Number

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 785 J Beal Pkwy

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Walton Beach, FL

28

Zip Country

Zip Country

24 32548 25 USA

29 30

9. Name and Address of Current Registered Agent

Robert L. Eaton
508 Pelham Street
Fort Walton Beach, Florida 32548

81 Name

Claude J. Sims II

82 Street Address (P.O. Box Number is Not Acceptable)

2 Court Drive

83

84 City

Destin

FL

85 Zip Code

32541

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

[Handwritten signature] Claude J. Sims II

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

(NOTE: Registered Agent signature required when reinstating)

10/6/99

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE NAME

Robert L. Eaton

STREET ADDRESS

508 Pelham Street

CITY-ST-ZIP

Fort Walton Beach, FL 32548

TITLE NAME

S,T,D

STREET ADDRESS

William E. Mullen

115 Pinewood Terrace

CITY-ST-ZIP

Fort Walton Beach, FL 32548

TITLE NAME

V,D

STREET ADDRESS

Jimmy B. Hill

212 Priscilla Drive

CITY-ST-ZIP

Fort Walton Beach, FL 32548

TITLE NAME

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE NAME

P,D

1.2 NAME

Claude J. Sims II

1.3 STREET ADDRESS

2 Court Drive

1.4 CITY-ST-ZIP

Destin, FL 32541

2.1 TITLE NAME

V,S,T,D

2.2 NAME

Charlie C. Anderson

2.3 STREET ADDRESS

509 Sioux Circle

2.4 CITY-ST-ZIP

Fort Walton Beach, FL 32547

3.1 TITLE NAME

☐ Change ☐ Addition

4.1 TITLE NAME

☐ Change ☐ Addition

4.2 NAME

200003043112--4

4.3 STREET ADDRESS

-11/12/99--01103--001

4.4 CITY-ST-ZIP

*****61.25 *****61.25

5.1 TITLE NAME

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

[Handwritten signature] Claude J. Sims II 10/6/99 (850) 376-4331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)