

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 09, 1999 8:00 am
Secretary of State
09-09-1999 90007 025 ***550.00

DOCUMENT # J92428

Corporation Name
ROBERT A. EDDLEMAN HEATING & AIR CONDITIONING CO
TRACTOR, INC.

Principal Place of Business
HAWK STR
A
ROCKLEDGE FL 32955

Mailing Address
402 HAWK STR
STE A
ROCKLEDGE FL 32955
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/16/1987	59-2848535	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
Zip	Country	28	Trust Fund Contribution	\$5.00 May Be Added to Fees
25	29	30	8. This corporation owes the current year Intangible Personal Property.	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENFIELD, HARRY C. 800 EAST MERRITT ISL CSWAY MERRITT ISLAND FL 32952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	
OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
PSD	EDDLEMAN, ROBERT A.	32 BARTON AVE	ROCKLEDGE FL	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
T	EDDLEMAN, ROBERT A.	32 BARTON AVE	ROCKLEDGE FL	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
VP	JOHNSON, THOMAS A	32 BARTON AVE	MERRITT ILSAND FL	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
				4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
				5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
				6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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: 09/07/99 (402) 632 0963

CR2E034 (5/99)