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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **K55399**

1. Corporation Name
AUSTIN & BARNETT HEATING & COOLING, INC.



Principal Place of Business
 211 S FLORIDA AVE
 PO BOX 531
 LAKELAND FL 33801
 US

Mailing Address
 PO BOX 531
 LAKELAND FL 33802
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Date Incorporated or Qualified	
21 6530 CREWS LAKE Hills Loop EAST		01/03/1989	
22 Suite, Apt. #, etc.		4. FEI Number	
27		59-2921156	
23 City & State		Applied For	
28 LAKELAND, FL		Not Applicable	
24 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
25 US		\$8.75 Additional Fee Required	
29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
30		\$5.00 May Be Added to Fees	
31		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEWART, JIMMY V. 211 SOUTH FLORIDA AVENUE LAKELAND FL 33801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	STEWART, JIMMY V.	1.2 NAME	JIM V. STEWART
STREET ADDRESS	211 SOUTH FLORIDA AVE	1.3 STREET ADDRESS	6530 CREWS LAKE Hills Loop EAST
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL. 33813
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: [Signature] Date: 4-18-99 Daytime Phone #: 941-687-4819

CR2E034 (11/98)