PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K63284

C & H HEATING AND AIR CONDITIONING, INC.



Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris 04-22-1999 90037 006 ***150.00

Principal Place of Business Mailing Address					******	<u> </u>	- \$ 100 C414 DID BILBO 1510 1100 1 60(1)				
327 OFFICE PLAZA DRIVE SUITE 100			327 OFFICE PLAZA DRIVE SUITE 100				DO NOT WRITE	IN THIS :	SPACE		
TALLAHASSEE FL 32301 TALI US US US			LLAHASSEE FL 32301				3. Date Incorporated or Qualifed				
1		00					02/03/1989				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied			d For	
21 26			6				59-2938627	Not Applie			oplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		•	5 Add	
22 -			27				3. Certificate of Claros Desired	<u> </u>	Fee	Requi	red -
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			ed to F	ees
Zip				Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax Yes You				No
				30	_		Personal Property Tax. 10. Name and Address of New Re	gistered A			INU
	9. Name and Address of Curr	ent Kegis	terea Agent		81	Name	TO. Maine and Address of New Re	-giatoreu A	AGIII		
HUFF, HOWARD C.					Ш						
327 OFFICE PLAZA DRIVE					82	Street Addre	ss (P.O. Box Number is Not Acceptab	ile)			
SUITE 100				83							
	HASSEE FL 32301										
					84	City		FL	85 2	ip Cod	e
44	the provinces of Sections 607.0	502 and 6	07 1508 Florida State	ites the a	hove	e-named como	ration submits this statement for the p	urnose of o	hanging	its red	istered
office or rec	victored agent or both in the Sta	te of Floric	ta. Such change was	authorized	i hv	the corporation	n's board of directors. I hereby accept	the appoin	tment a	s regist	ered
agent. I am	familiar with, and accept the obli	gations of	, Section 607.0303, Fi	onua Siai	utes.	•					
SIGNATURE S	ignature, typed or printed name of registered a	nent and title	if applicable. (NOT	E: Registered	Agen	t signature required	when reinstating)	DATE			—)
12.	OFFICERS.			13.	<u> </u>		ADDITIONS/CHANGES TO OFFI	ICERS AN	DIRE	TORS	IN 12
	DPS		☐ DELETE	1.1 TI	πE				Char	ige l	Addition
NAME	HUFF, HOWARD C			1.2 N	AME.		•				
l l	405 HILLCREST			1.3 ST	REET	ADORESS					
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CI	TY-S1	r-zip					
TITLE	Ī		☐ DELETE	2.1 TI	TLE				Char	ige i	Addition
NAME	HUFF, HOWARD C			22 N	AME						
	405 HILLCREST			2.3 ST	REET	ADDRESS					
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NAME				3.2 N	AME						ļ
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NAME)				4. 2 N	AME		:				
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NAME				6.2 N							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				6.4 C	TY-SI	T-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.

(850) 878-9916