FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)

CRUM'S CLIMATE CONTROL, INC.

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



2. Principal Place of Business 2a. Mailing Address 3. Fili Number 39-2339864 30 39-2339864 30 39-2339864	45	BRIAN D. WRONG 51 THORNLEA RD. RLANDO FL 32817	4551 TH	% BRIAN D. WRONG 4551 THORNLEA RD. ORLANDO FL 32817				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/07/1989			
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State City &	2. Principal Place of Business 2a. Mailing Address									- IA	pplied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired S8.75 Additional Fee Required	21				F-3				59-2939864		
City & State City & City					Suite, Apt. #, etc.					¢0.75	
City & State City & State City & State Section Competing Financing School May be 23 28 29 30 Country 20 Added to Fees Added to Fees 24 25 29 30 30 Country 27 28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No No No No No No N	22	22			27				5. Certificate of Status Desired		
Zip Country Zip Country Zip Country String Country		City & State			+ <u></u>				6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country Zip Country 24 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Six No	23	3			28				Trust Fund Contribution		
S. Name and Address of Current Registered Agent WRONG, BRIAN D. 4626 THORNLEA ROAD ORLANDO FL 32817 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL S5 Zip Code 11. Pursuant to the previsions of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature. Poped or private rare of registered agent and time if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DP DRIETE 1.1 ITILE DRIETE 1.2 ITILE DRIANDO FL ORLANDO FL ORLANDO FL ORLANDO FL ORLANDO FL DELETE 3.1 TITLE Change Addition 4551 THORNLEA RD. ORLANDO FL DELETE 3.1 TITLE Change Addition Addition Addition Addition Addition Addition NME STREET ADDRESS ORLANDO FL DELETE 3.1 TITLE Change Addition		Ip	Country Zip			Country			8. This corporation owes or has paid the	e current year In	tangible
WRONG, BRIAN D. 4626 THORNLEA ROAD ORLANDO FL 32817 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 697, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607, 4505, Florida Statutes. SIGNATURE Signatura, hybod or jerrisen name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DP JELETE 1.1 TITLE WRONG, BRIAN D. 1.2 NAME 1.3 STREET ADDRESS ORLANDO FL TITLE DST JAMAE 1.4 City FL 85 Zip Code 1.5 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DST JAMAE 1.5 STREET ADDRESS ORLANDO FL TITLE DST JAMAE 1.5 STREET ADDRESS ORLANDO FL TITLE DST JAMAE 1.5 STREET ADDRESS ORLANDO FL 1.5 STREET ADDRESS ORLANDO FL TITLE DST JAMAE 3.5 TITLE Change Addition Addition 4.55 ITHORNLEA RD. Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DST JAMAE 3.5 TITLE Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DST JAMAE 3.5 TITLE Change Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CH	24		1			30					□ No _
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ORLANDO FL 32817 83 84 City FL 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, a final familiar with, and accept the obligations of, Section 807.6505, Florida Statutes. SIGNATURE Signature, poed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP OFFICERS AND DIRECTORS IN 12 12. NAME WRONG, BRIAN D. 12. NAME WRONG, KAREN 13. STREET ADDRESS ORLANDO FL 14. City - St - 2P TITLE DELETE 14. TITLE ORLANDO FL ORLANDO F		WRONG, BR	ian d.				81	Name			
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B4	}	ORLANDO F									
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 agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Signature Signature, speed or printed name of registered agent and tible if applicable. (NOTE, Registered Agent signature required when releasing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP WRONG, BRIAN D. 4551 THORNLEA RD. ORLANDO FL TITLE DST WRONG, KAREN 4551 THORNLEA RD. ORLANDO FL DELETE 1.4 CTITLE DST WRONG, KAREN 2.2 NAME 4551 THORNLEA RD. ORLANDO FL TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 TITLE Change Addition Change Addition ORLANDO FL TITLE DELETE 3.1 TITLE Change Addition Change Addition Change Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Addition Addition Addition Addition Addition Change Addition							83				1
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14. I hereby certify that the information supplied with this filling 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

90 644-6601

Change