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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K76900

(5)

TEMPMASTER HEATING AND COOLING, INC.

Principal Place of Business

Mailing Address

FILED
Jan 27 1998 8:00am
Secretary of State



| 9113 PALOS ORLANDO FLUS 2. Principal Please Please Principal Please Principal Please Principal Please Principal Please P | lace of Business N. Gelden od Pd. | 9113 PALOS VERDE DR ORLANDO FL 32825 US 2a. Mailing Address 26 1920 A Company Suite, Apt. #, etc. | Solden | rod Rd | DO NOT WRITE IN THI: 3. Date incorporated or Qualified 03/30/1989 4. FEI Number 59-2964601 5. Certificate of Status Desired | A N | pplied For ot Applicable Additional equired |
|--|--|--|-------------------------|--|--|-------------------|--|
| City & State 23 ORLA NOO FLORIDA | | City & State 28 OKLANDO Florida | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip 24 3286 | Country USA 25 ORANGE | Zip Country 29 32807 30 0. USA | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CARCIA LODGE I. 81 Name | | | | | | | |
| GANCIA, JUNGE L | | | | | • | | |
| | | | | Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| ORLANDO FL 32825 | | | 83 | 1 | | | |
| | | | <u> </u> | | | | |
| | | | 84 | City | F | 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | |
| SIGNATURE | | | | | | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | Registered Ag | ent signature required | d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTOR | BS IN 12 |
| TITLE | D OFFICERS AND | DELETE | 1.1 TITLE | | ADDITIONAL CONTROLL AND CONTROLL OF A | Change | Addition |
| NAME | GARCIA, JORGE | | 1.2 NAME | | | | |
| STREET ADDRESS | 9113 PALOS VERDE DR | | | T ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY- | 1 | | | |
| TITLE | | | 2.1 TITLE | | | Change | Addition |
| NAME | | | 2.2 NAME | | | | |
| STREET ADDRESS | 155 LIME AVE | 2.3 : | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | | | |
| TITLE | DELETE | | 3.1 TITLE | | | ☐ Change | Addition |
| NAME . | | | 3.2 NAME | | | | ļ |
| STREET ADORESS | | | 3.3 STREE | T ADDRESS | | | i |
| CITY-ST-ZIP | | O nei cre | 3.4. CITY- | ST-ZIP | | - Chann | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4, 2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - 5.1 TITLE | ST-ZIP | | Change | Addition |
| TITLE | | | 5.1 TITLE 5.2 NAME | | | T DIREIDE | CT Vancion |
| NAME | | | | T ADDRESS | | | - |
| STREET ADDRESS | | | 5.4 CITY- | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | 31.51 | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | İ |
| CITY-ST-ZIP | | | 6.4 CITY- | 1 | | | |
| UHT-SI-CIF | NE DE LES COMPANIES DE LA COMPANIE D | (6.1 - 202 | 0.4 GHT- | 31-4F | Lastina 440 OT(O)(C) Flacido Chabatan I facilidas | ممالة وماور كالمر | . Information |

indicated on this annual report or 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.

SIGNATURE:

Who Staccom TRE Dohn SESACCOM

1/12/98

(407) 282-1638