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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90127 015 ***150.00

DOCU	MENT # L61853						
1. Corporation Name FYE'S AIR CONDITIONING & REFRIGERATION, INC.					I CONTROL DE CONTROL DECENDO DI CONTROL DI C)	ki a (a a (a) a (a a) a
Principal Place	of Business	Mailing Address			T A MATERIAL MIN WEIGHT INTER MYIND AIRE DIE	JI Bigit big it big it g	
C/O GEORGE (C. FYE	C/O GEORGE C. FYE					
1226 7TH AVENUE 1226 7TH AVENUE					DO NOT WOITE IN TH	UP PDACE	
VERO BEACH F	FL 32960	VERO BEACH FL 32960			DO NOT WRITE IN TH	IS SPACE	
					03/27/1990)
7 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	An	plied For
21. Fillicipai Fi	lace of Business	26	. •		59-3003142	_\- -	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 30			Personal Property Tax.	□Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Register	a Agent	
EVE	GEORGE C	•	"	Name			
FYE, GEORGE C. 1226 7TH AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32960			83		_ 		
V 1.4	0 02101772 02000		03				
			84	City	F	85 Zip (Code
44 Discound	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	the above	e-named corr	noration submits this statement for the nurnose	of changing its	registered
office or re	egistered agent or both in the State.	of Florida. Such change was author	orized by	the corborati	tion's board of directors. I hereby accept the app	oointment as re	gistered {
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Fiorida	Statutes	•			j
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Rec	jistered Agen	t signature require	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D DELETE 1.1 TI		1.1 TITLE			☐ Change	Addition
NAME	FYE, GEORGE C. 12 N		1.2 NAME				
STREET ADDRESS	1226 7TH AVENUE 1.3 ST		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	•		2.1 TITLE			Change	Addition
NAME	*	FYE, CONNIE R. 22N					
ȘTREET ADDRESS	1227 11171121120		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP			Addition
TITLE			3.1 TITLE	1		Change	☐ Addidon (
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREET	1			1
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S	T-ZIP		Change	Addition
TITLE		□ beceit	4.1 TITLE 4.2 NAME		•	onango	
NAME			4.3 STREET	r ADDDESS			-
STREET ADDRESS	المستشفية لاالما المحاط الأ		4.3 STREET	1	المراجع والأراب فيستنفيها أأراب فيست		1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	1-6II		☐ Change	Addition
NAME		<u>_</u>	5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			}
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				}
OTDEET ANDRESS			6.3 STREET	TADDRESS			1

14. 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.

6.4 CITY-ST-ZiP

SIGNATURE:

SHOW OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

7-99 56/-567-9661 Daytime Phone #