Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90047 048 \*\*\*150.00

## 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

## DOCUMENT # P9200009073

MASSEY AIR CONDITIONING & HEATING, INC.

							<b>     </b>	( 5 <b>6.098</b> 1451 1001
Principal Place of Business Mailing Address							• .'	
846 ÇLEAR LAK	(E DRIVE	846 CLEAR LAKE DRIV	E					
PORT ORANGE FL 32127 PORT ORANGE FL 32127			27			DO NOT WRITE IN	TUIC COACE	
						3. Date Incorporated or Qualifed	THIS SPACE	1
						T		- 1
						12/01/1992		··
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
21		26 <u> </u>				59-3152120		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22		27				<b>3, 3 3 3 3 3 3 3 3 3 3</b>	Fee R	Required
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			_	Trust Fund Contribution	Added	to Fees
Zip	Zip	ip Country			8. This corporation owes the current year Intangible			
24	25	29 30			*	Personal Property Tax.		
	9. Name and Address of Current	11	,			10. Name and Address of New Regis	tered Agent	
				81	Name			
MASSEY, GEORGE						(2.0.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
846 CLEAR LAKE DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)				
PORT ORANGE FL 32127				83	<del></del>			
1011	, OTTATOL I L OLIL!			"				ļ
				84	City		85 Zip	Code
							FL 8 2	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida S	atutes, the	above	-named corpo	pration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing it	s registered egistered
office or r	egistered agent, or both, in the State C m familiar with, and accept the obligat	ions of, Section 607.0505	as aumonze , Florida Stai	tutes.	ine corporation	ins board of directors. Thereby accept the	аррогинот из	]
ì	militar mar, and decept the congu-							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (	NOTE: Registere	d Agent	signature required	when reinstating)	ATE	_
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	ORS IN 12
TITLE			1.1 T	ITLE			☐ Change	☐ Addition
NAME	MASSEY, GEORGE		1.2 N	IAME				[
	846 CLEAR LAKE DR		139	TREET	ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			1.4 City-St-ZIP			Change	Addition
TITLE	31						[_] Gridings	
NAME	MASSEY, JOYCE		2.2 N	IAME		•		
STREET ADDRESS	846 CLEAR LAKE DR		2.3 9	TREET	ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL		2.46	CITY-SI	r-ZIP			
TITLE	VP □ DELETE		5 3.1 T	πE			Change	Addition
NAME	LUCK, JOHN		3.21	JAME	1.	- •	. =	- ]
STREET ADDRESS	846 CLEAR LAKE DR				ADDRESS			
	PT ORANGE FL			CITY-ST	i			
CITY-ST-ZIP	FI ORANGE FL.	DELET		TTLE	1-21-		☐ Change	Addition
NAME				NAME				ļ
STREET ADDRESS	ļ				ADDRESS			
CITY-ST-ZIP				ITY-ST	-ZIP			A daties -
TITLE	}	☐ DELET		TTLE			☐ Change	Addition
NAME			5.21	IAME				
STREET ADDRESS	[		626	TOCET	ADDRESS			
			5.5 0	INCE	7001400			I
CITY, ST. 7IP				CITY-ST	- 1			l
CITY-ST-ZIP TITLE		☐ DELET	5.4 (		- 1		Change	Addition

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.

6.3 STREET ADDRESS

STREET ADDRESS