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 # P93000010027 (9)

ASTRO AIRCONDITIONING AND HEATING, INCORPORATED

Principal Place of Business Mailing Address

FILED May 04 1998 8:00am Secretary of State



18807 WALKER RD LUTZ FL 33549		18607 WALKER RD LUTZ FL 33549				DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified	OI AUC		
						02/10/1993			-
2. Principal Place of	Business	2a. Mailing Address	2a, Mailing Address			4, FEI Number		Applied For	
21			26			59-3169836	Not Applicable		
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			_	ed S8.75 Additional		
22		27	27			5. Certificate of Status Desired	Fe	Bequired e	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28	28			Trust Fund Contribution			
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
HEGEDUS, JO ANN				81	Name				
18607 WA		82 Street Ad		Street Ad	ddress (P.O. Box Number is Not Acceptable)				
LUTZ FL :	33549		1	_					
			1	63					
			7	B4	City	FL	85	Zip Code	
11 Pursuant to the r	provisions of Sections 607 (502 and 607 1508 Florida \$	Statules, the ab	ove	-named co	propretion submits this statement for the purpose of	f changi	ng its regist	tered
office or registers	ed agent, or both, in the Sta	ate of Florida. Such change ligations of, Section 607.050	was authorized	Dν	the corpor	ration's board of directors. I hereby accept the ap	oointmen	t as registe	red
	nar with, and accept the ob	ligations of, Socion cor.occ	JO, I IOHOA SIAK	ALC:S					į
SIGNATURE Signature	, typed or printed name of registered	agent and title if applicable	(NOTE: Registered	Ager	nt signature rec	pulred when reinstating) DATE			-
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC		,
TITLE D		DELET	E 1.1 TIT	LE			L Char	nge []A	ddition
NAME MEC	EDUS, JO ANN 1.2			ME					- 17
STREET ADDRESS 186	07 WALKER RD		1.3 STREET ADDRESS		ADDRESS				í
CITY-ST-ZIP LUT	LUTZ FL 33549			1.4 CITY - ST - ZIP					
TITLE	DELETE 2.1			LE			Char	1ge ∐_A	ddition
NAME	E		2.2 NAME			•			
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 City-St-ZiP					4.491
TITLE	DELETE			3.1 TITLE			L Char	ìge L∐ Ai	ddition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STF	REET .	ADDRESS				
CITY-ST-ZIP			3.4. CI		T-ZIP		Char	T A.	ddition
TITLE		☐ DELET					L. Chai	i9e ∟ A	ddition
NAME			4. 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELET	4.4 CIT		T-ZIP		Char	one DA	ddition
TITLE				S 1 TITLE				An FTLU	301001
NAME				5.2 NAME 5.3 STREET ADDRESS					
STREET ADDRESS									
CITY-\$T-ZIP				ITY-ST-ZIP			☐ Chai	nne 🗆 🗘	ddition
TITLE	•				1		اهان نے	براسا بور	JUNNII
NAME			6.2 N		*******				
STREET ADDRESS					ADDRESS				ŀ
CITY-ST-ZIP	hat the information supplied	Lwith this filing does not au	6.4 CIT ality for the exe	r-Si	tion stated	in Section 119.07(3)(i), Florida Statutes. I further of	ertify tha	the inform	ation

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.