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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027898

1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90019 014 ***150.00

CHILLY	BEAR AUTO AIR INC.								
Principal Plac	e of Business	Mailing Address		<u> </u>		* 18811681 IS 18196 IIII 46111	4911 98111 49119		16161 1911 1981
6254 147TH AV	YENUE NORTH	6254 147TH AVENUE NORT	Ή						
CLEARWATER FL 34620 CLEARWATER FL 34620						DO NOT W	RITE IN THIS	SDACE	
					2 Date	Incorporated or Qualife		GFACE	
					1 "	14/1993			
2 Principal B	Place of Business	2a. Mailing Address			4. FEI I			Ar	plied For
21	igos of pusitions	26			59-3	3184811		⊢ -	t Applicable
Suite, Apt,	# etc.	Suite, Apt. #, etc.		·				\$8.75	Additional
22	.,	27			5. Certi	fcate of Status Desired	_ 🗆 _	Fee Re	equired
City & Star	te	City & State			6. Elect	ton Campaign Financin	ğ T	~~ \$5:00	May Be
23		28			Trust	t Fund Contribution	——————————————————————————————————————	Added	to Fees
Zip	Country	Zip	Cour	ntry	8. This	corporation owes the c	urrent year In		
24	25		30			onal Property Tax.		Yes	□No
	9 Name and Address of Curren	t Registered Agent		81 Name	10. Nam	e and Address of Nev	v Kegisterea	Agent	
MUI	er, Christopher			Name					
	1-PORTULAGA AVE:		Ī		- ^ ·	ox Number is Not Acce			
	60 FL 34847		-	83 / (c	09 1	xampton	La	ne_	
- ""	35123.31.			0.5					
			Ī	84 City	-01	H _ l _	. FL	85 Zip	695
Ad Dissassant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the ah		compration subs	mits this statement for t	he numose of	changing its	registered
office or i	registered agent, or both, in the State	of Florida. Such change was a	uthonzed	by the corpo	oration's board o	of directors. I hereby ac	cept the appo	intment as re	gistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	noa Statu	ites.					J
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	Registered /	Agent signature n	equired when reinstating	19)	DATE		
12.		D DIRECTORS	13.		ADDI	TIONS/CHANGES TO	OFFICERS A		RS IN 12
TITLE	P	DELETE	1.1 T(T)	LE				K Change	Addition
NAME	MILLER, CHRISTOPHER		1 2 NA	ME			4		
STREET ADDRESS	-1101 NORMANDY RD-		1.3 STF	REET ADDRESS	1609	Hampton	mane	,	
CITY-ST-ZIP	CLEARWATER FL 34624		14400					-	
TITLE	ST		1.4 CH	Y-ST-ZIP	Safet	Hampton y Harbor	,F(,	346	
NAME	LAWAZED DOMAID	DELETE	2.1 TITI		Safel	-y Harbon	, F(,	346 Change	7.5 Addition
STREET ADDRESS	HAWKER, DONALD	() DELETE		LE	Safet	-y Harbon	<u>, F(, </u>	346 Change	
	4400 38TH WAY S	[] DELETE	2.1 TITI 2.2 NAI	LE	Safel	-y Harbon	<u>, F(, </u>	346 °	
CITY-ST-ZIP	AAOO OOTIL WAY O	C) DELETE	2.1 TITT 2.2 NAI 2.3 STF	LE ME	Safel	-y Harbon	<u>, F(, </u>	☐ Change	Addition
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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.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-538-2600