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 # P9300061411 (3)

PITTMA	AN ELECTRIC & AIR, INC.				
Principal Place	e of Business	Mailing Address		- Y HODINDO IIU KOKOD IIIII ODIII DHIII BO	ALE MOTTO DELOS ELAST CIDAS ELOS TIDO CIDO CENT
535 E EL PASO AVE CLEWISTON FL 33440 US 535 E EL PASO AVE CLEWISTON FL 33440 US				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		· · · · · · · · · · · · · · · · · · ·		08/30/1993	
· ·	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt	# elc	26 Suite, Apt. #, etc.		65-0457504	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	6. This corporation owes or has pa	
24	25		90	Personal Property Tax due June	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
Pitt				HAN, IKA RAYMOND	
532 EAST OSCEOLA AVENUE			ION SUBBLINGUI	iess (r.o. box ivoiribei is ivoi Acceptat	ole)
, cu	EWISTON FL 33440		83	2 TURTLE LANC	
			84 City	Belle	FL 85 Zip Code 33935
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The Pursuant to the provisions of sections out 1992 and 607.1998, Florida Statuties, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent. I am Amilia with, and accept the obligations of, Section 607.0505, Florida Statutes.					
l	1/	To. Day	MOND PIHMAN		4/17/98
SIGNATURE	Algorature, typed or prioricid name of registered in	gent and title if applicable (NOTE	Registered Agent signature requir	red when reinstaling)	DATE
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	PITTMAN JAMES L		1.2 NAME		
STREET ADDRESS	532 E OSCEOLA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CLEWISTON FL VPS	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	PITTMAN IRA RAYMOND	beten	2.1 TITLE 2.2 NAME		Change Z Addition
STREET ADORESS	722 W AVENIDA DEL RIO		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON FL		2.4 CITY-ST-ZIP		
TITLE	000000000000000000000000000000000000000	DELETE	31 TITLE		Change Addition
NAME		-	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THILE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZiP 6.1 TiTLE		Change Addition
NAME		vecen	6.2 NAME		Fin change (F) vocation
STREET ADORESS			6.3 STREET ADDRESS		
SINEE I ALAMESS			D.J STMEET AUDRESS		

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

SIGNATURE: LA RONCPHYMAN

TRA RAIMOND DYMAN

4)17/98

FILED

Apr 27 1998 8:00am

Secretary of State