

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

99 JUN -7 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005973
1. Corporation Name
FRANK'S HEATING & COOLING, INC.

Principal Place of Business Mailing Address
121 CORPORATION WAY 121 CORPORATION WAY
UNIT F UNIT F
VENICE FL 34292 VENICE FL 34292

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|---------------------|--|---|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 | 26 | 01/14/1994 | 65-0459187 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 | 27 | <input type="checkbox"/> | | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> | |
| Zip | Zip | 8. This corporation owes the current year Intangible | | |
| 24 | 29 | Personal Property Tax | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Country | Country | 10. Name and Address of New Registered Agent | | |
| 25 | 30 | | | |

9. Name and Address of Current Registered Agent

MASURA, FRANK G
121 CORPORATION WAY
UNIT F
VENICE FL 34292

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------|---|-----------------------------------|
| TITLE | [] DELETE | 11. TITLE | [] Change [] Addition |
| NAME | | 12. NAME | |
| STREET ADDRESS | | 13. STREET ADDRESS | 400002905234--3 |
| CITY-ST-ZIP | | 14. CITY-ST-ZIP | -06/15/93--01073--025 |
| TITLE | [] DELETE | 21. TITLE | ***150.00 [] Change [] Addition |
| NAME | | 22. NAME | |
| STREET ADDRESS | | 23. STREET ADDRESS | |
| CITY-ST-ZIP | | 24. CITY-ST-ZIP | |
| TITLE | [] DELETE | 31. TITLE | [] Change [] Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY-ST-ZIP | | 34. CITY-ST-ZIP | |
| TITLE | [] DELETE | 41. TITLE | [] Change [] Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY-ST-ZIP | | 44. CITY-ST-ZIP | |
| TITLE | [] DELETE | 51. TITLE | [] Change [] Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY-ST-ZIP | | 54. CITY-ST-ZIP | |
| TITLE | [] DELETE | 61. TITLE | [] Change [] Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY-ST-ZIP | | 64. CITY-ST-ZIP | |

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: Frank G Masura FRANK G MASURA 6-4-99 941-453-6094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)