FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044239

1. Corporation Name

MARQUIS AIR CONDITIONING & HEATING, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90158 020 ***150.00



Principal Flace of Business Mailing Address						- * CONTINUE THE COST OF THE POLIT DEVIL)	ii 418 1	u 11 166)111 0 10 11 E \$1
181 CIRCLE DRIVE 181 CIRCLE DRIVE MAITLAND FL 32751 MAITLAND FL 32751						DO NOT WRITE IN 1	THIS S	PACI	E	
						3. Date incorporated or Qualifed				
						06/09/1994				
2. Principal P	flace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Ap	lied For
21		26			59-3253120			No: Applicable		
Suite, A.pt.	#, etc.	Suite, Apt. #, etc.						\$8.	75 ∕	dditional
22		27			_	5. Certificate of Status Desired		F	ee Re	quired
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution		Ac	ded to	Fees
Zip	Country Zip		Cou	ntry		8. This corporation owes the current year Intangible				
24	25	25 29								□No
	9. Name and Address of Curre	en: Registered Agent		04	N	10. Name and Address of New Registe	rod Ag	<u>jent</u>		
1100	CLUCANI ADTULIO		ĺ	81	Name					
	GUIGAN, ARTHUR		82 Street Ad			ess (P.O. Bo); Number is Not Acceptable)				
181 CIRCLE DRIVE							<i>-</i>			
MAII	TLAND FL 32751			83						
				84	City			85	Zip C	ode
					•	-	<u>FL</u>	Ц		
office ⊕rr	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	e ∈f Florida. Such change was	authorized	by t	the corporatio	oration submits this statement for the purposon's board of directors. I hereby accept the a	e of ch proint	nangii ment	ng its i as reg	egistered istered
SIGNATUFE										
	Signature, typed or printed name of registered ag			Agent	t signature require	d when reinstating) DAT		DIR	ECTO	10 IN 12
12.	, 	IND DIRECTORS DELETE	13.	- F		ADDITIONS/CHANGES TO OFFICER		□ Ch		Addition
TITLE	P ACCURATE ADTITUD	C DELETE	1.1 TIT		}		1		ango	
NAME	MCGUIGAN, ARTHUR		l l	1.3 STREET ADDRESS						
STREET ADDRESS					· \					
CITY-ST-ZIP	MAITLAND FL	☐ DELETE	1.4 CI		- ZIP			☐ Ch	ange	Addition
TITLE	V	LJ DELETE	2.1 TIT						ange	Addition
NAME	MCGUIGAN, ARTHUR		22 NA							•
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP	MAITLAND FL			2.4 CITY-ST-ZIP 3.1 TITLE				[] Ch	ange	Addition
TITLE	S	☐ DEFEIF	i					(ange	
NAME	ROSARIO MCGUIGAN		3.2 NA							
STREET ADDRE 3S			ii ii		ADDRESS					,
CITY-ST-ZIP	MAITLAND FL	FIDELETE	3.4. CI		T-ZIP			☐ Ch	lance	Addition
TITLE	T	☐ D£LETE	4,1 TIT						urige	
NAME	ROSARIO MCGUIGAN		4. 2 N							
STREET ADDRESS	1				ADDRESS					
CITY-ST-ZIP	MAITLAND FL	Dan Str	4.4 CI		r-ZIP			☐ Ch		Addition
TITLE		☐ DELETE	51717						ange	
NAME			5.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			5.4 Cr		-ZIP			<u> </u>		- Addition
TITLE		☐ DELETE	6.1 TX					Ch	ange	Addition
NAME			6.2 NA							
STREET ADDRES S	s}				ADDRESS					
CITY ST. 7ID	1		6.4 Cf	TY ST	r-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 the need, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR