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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 07, 1999 8:00 am Secretary of State

05-07-1999 90146 002 \*\*\*150.00

727 784 3867

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000044862

1. Corporation Name

Principal Place of Business

SIGNATURE:

MARCUM AIR CONDITIONING & HEATING, INC.

1385 WEXFORD DRIVE. NORTH PALM HARBOR FL 34683		1385 WEXFORD DRIVE. NORTH PALM HARBOR FL 34683			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 06/10/1994
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address		4. FEI Number Applied For
21		26	5		<b>59-3249052</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>-,</del>		5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & Stat	е	City & State		· ·	6. Election Campaign Financing Trust Fund Contribution \$5,00 May Be Added to Fees
Zip 24	Country 25	Zip [30]	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
			81	Name	
MARCUM, MARTIN EDWARD 1385 WEXFORD DRIVE, NORTH			82	Street	Address (P.O. Box Number is Not Acceptable)
PALI	M HARBOR FL 34683		83		
			84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such channe was autho	rized by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Regi	stered Ager	nt signature	required when reinstating) DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARCUM, MARTIN EDWARD	1	1.2 NAME		
STREET ADDRESS	1385 WEXFORD DRIVE, NORTH	i	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME		i	2.2 NAME		
STREET ADDRESS		<b>1</b>	2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2.4 CITY-S	ST-ZIP	
TITLE	☐ DELETE 3		31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADORESS	
CITY-ST-ZIP			34. CITY-9	ST-ZIP	Change D Addition
TITLE	· ·		4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS				T ADDRESS	5
CITY-ST-ZIP			4.4 CITY-S	iT-ZiP	Change Addition
TITLE		☐ DELETE	5.1 TITLE		
NAME			5.2 NAME	T 100555^	,)
STREET ADDRESS		•		TADDRESS	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP	G Change C Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	(	•	6.2 NAME		<u> </u>
CTOCCT ADDDCCC	1		6.3 STREE	TADDRESS	S

6.4 CITY-ST-ZIP 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.

E. MARCUM