FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90068 027 ***150.00

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

DOCUMENT # P95000018372

1. Corporation Name

AARTS HEATING & ART CONDITIONING, INC.

Principal Place	e of Business	Mailing Address				
3356 INDIAN HILLS DR		P O BOX 10827				
PACE FL 32571			PENSACOLA FL 32534		DO NOT WRITE IN THIS SPACE	
เบร		us	U\$		3. Date Incorporated or Qualifed	
					03/07/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
26				59-3304992 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22		27			5. Certifcate of Status Desired Fee Required	
		City & State	& State		6. Election Campaign Financing S5.00 May Be	
23 28		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 30	·		Personal Property Tax. ☐ Yes 🗹 No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
Pe lik			81	Name	e	
PHIL KING			82	82 Street Address (P.O. Box Number is Not Acceptable)		
3356 INDIAN HILLS DRIVE				0		
PACI	E FL 32571		83			
			84	City	85 Zip Code	
1			"	Oity	FL " T	
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						
01011110112	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re-		it signature	e required when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	PHIL KING		1.2 NAME			
STREET ADDRESS	3356 INDIAN HILLS DR		1.3 STREET	ADDRESS	s	
CITY-ST-ZIP	PACE FL 32571		1.4 CITY-S	T-23P		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition]	
NAME	PHIL KING		2.2 NAME			
STREET ADDRESS	3356 INDIAN HILLS DR		2.3 STREE	ADDRESS	ss	
CITY-ST-ZIP	PACE FL 32571		2.4 CITY-5	T-ZIP		
TITLE	V " .	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	FERNANDO AARTS		3.2 NAME			
STREET ADDRESS	10430 BETMARK RD		3.3 STREE	T ADDRESS	ss	
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-5	T-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition [
NAME	KING, PHIL		4. 2 NAME			
STREET ADDRESS	3356 INDIAN HILLS DR		4.3 STREE	FADDRESS	ss	
CITY-ST-ZIP	PACE FL 32571		4.4 CITY-S	T-ZIP		
TITLE .		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		1	5.2 NAME			
STREET ADDRESS			5.3 STREE	FADDRESS	ss	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			

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 attaching with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/19/9 850-995-457 Daytime Phone #