SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000064121

WINTON'S AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

FILED SECRETARY OF STATE SEVISION OF CORPORATIONS

99 SEP 27 PM 3: 09



a micipana ian	e or pasiness	Maining Address		ì	
15941 FLORIC		15941 FLORIDA AVE.			
LUTZ FL 3354	19	LUTZ FL 33549			
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
a partir es	New of Durings	De Marie Alexander		08/18/1995	
	Place of Business	2a, Mailing Address	ساره ده	4. FEI Number	Applied For
21 1242		26 12427 Flox	21DA HUE	59-3330274	Not Applicable
Suite, Apt	#, etc	Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23 TAY	nPA	28 TAMPA		Trust Fund Contribution	Added to Fees
Zψ	Country	Žip	Country	8. This corporation owes the current year	
[24] .336	25 Hall Brewell	1 29 33612	30 H145.	Intangible Personal Property.	Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registe	
Dir	7: CO 11107111 C		81 Name /1.	will E Quelle	
	TLER, AUSTIN E		82 Street Add	SIN E. DUILE	
	41 N FLA AVE		OZ Street Add	dress (P.O. Box Number is Not Acceptable)	
LUI	TZ FL 33549		83	T PURIOR TIVE	
			84 City	I	85 Zip Code
44 51		10074500 51 11 5144		mpa l	TL 133612
11. Pursuan office or	registered agent, or both, in the State of	and 607.1508, Florida Statute of Florida, Such change was a	s, the above-named corp authorized by the corpora	oration submits this statement for the purpose of tion's board of directors. I hereby accept the a	of changing its registered
agent L	am familiar with, and accept the offiga	lons of dection 607.0505, Flo	orida Statutes.	'	. /
SIGNATURE	Musika y Ma	uca Hus	IN E BUILL	gh PS 9/2	23/99
	Marie, typed or printed panie of paristered agent		TE Registered Agent signature re	<u> </u>	re" /
12. Trice	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
NAKE :	BUTLER, AUSTIN E	☐ DELETE	1.1 TITLE		Change Addition
			1.2 NAME	aug doning Alle	
STREET ADDRESS	14941 N FLA AVE			12427 MOCIOA AVE	
City \$1-ZiP	LUTZ FL 33549			7AMOA FI 33612	
TITLE	VP SOVEMENT LANDA	DELETE	2 1 TITLE		Change Addition
NAME	ESKENAZI, LAURA		2 2 NAME	2427 FLORIDA AUE.	
STREE! ADDRESS	15941 FLORIDA AVE.				
C(1Y-\$1-2)2	LUTZ FL 33549		24 CITY-ST-ZIP	AMPA FL 33612	
TILLF		DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ACORESS			3 3 STREET ADDRESS		
C(1Y-\$1-Z)P			3 4 CITY-ST-ZIP	و رسو سے سے ا	50000
TITLE		DELETE	4 1 TITLE	7000030(-10/05/99	Change In Addition
NAME			4 2 NAME	-10/05/99	ሳ~~ህ!!ሀሻ~~ህU!
STREET ADORESS			4.3 STREET ADDRESS	****550.	00 ****550.00
CITY-ST-ZIF			4.4 CITY-ST-ZIP		
THLE		DELETE	51 TITLE		Change Addition
NAME		El percit	5 2 NAME		FI Augusta FI Manishau
STREET ADDRESS			5 3 STREET ADDRESS	\	
City ST-ZiP			5.4 CITY-ST-ZIP	くとして	
True		[] Driete	6 1 TITLE	M+ "	
NAME		DELETE	62 NAME	$\boldsymbol{\varphi}$	Change Addition
				·	
STREET ACIDINESS			6 3 STREET ADDRESS		
CHY-S1-209	İ		6.4 CITY-ST-ZIP		

14. Thereby 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.

AUSTIN E. BUTLEL

9/23/99 813-930-818L