

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 3:09

DOCUMENT # P95000064121

1. Corporation Name

WINTON'S AIR CONDITIONING, INC.

Principal Place of Business

15941 FLORIDA AVE.
LUTZ FL 33549

Mailing Address

15941 FLORIDA AVE.
LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1995

4. FEI Number

59-3330274

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes No

2. Principal Place of Business

21 12427 FLORIDA AVE
Suite, Apt. #, etc.

22 City & State

23 TAMPA

24 Zip

33612

Country

25 HILLBURN

9. Name and Address of Current Registered Agent

BUTLER, AUSTIN E
14941 N FLA AVE
LUTZ FL 33549

2a. Mailing Address

26 12427 FLORIDA AVE
Suite, Apt. #, etc.

27 City & State

28 TAMPA

29 Zip

33612

Country

30 HILLS

10. Name and Address of New Registered Agent

81 Name

AUSTIN E. BUTLER

82 Street Address (P.O. Box Number is Not Acceptable)

12427 FLORIDA AVE

83

84 City

TAMPA

FL

85 Zip Code

33612

11. Pursuant to the provisions of sections 607.0602 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

AUSTIN E BUTLER

AUSTIN E BUTLER

PS

9/23/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY-ST-ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

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1.8 CITY-ST-ZIP

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1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY-ST-ZIP

1.33 TITLE

1.34 NAME

SIGNATURE:

AUSTIN E BUTLER

AUSTIN E BUTLER

9/23/99

813-930-8866

(NOTE: Registered Agent signature required when reinstating)

Date

Daytime Phone #

CR2E034 (5/99)