Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90293 043 \*\*\*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 # P95000072074

1. Corporation Name

COMFOR	IT SERVICE	HEATING & AIR	, INC	<b>)</b> ,										
Principal Place of Business Mailing Address								_		I BARL 1940 HAYARI AKININ D	<b>a</b> ini <b>ab</b> iil <b>ab</b> iil <b>ab</b> iil	(BBIB (IBII DOILL ID		
2145 SILVERSTAR RD. 2145 SILVERSTAR RD.														
TITUSVILLE FL 32796 TITUSVILLE FL 32796							\ \	DO NOT WRITE IN THIS SPACE						
								-	Date Inco	rporated or Qua		OI AUL		
								"	09/18/1	•				
2. Principal Place of Business				2a. Mailing Address					, FEI Numb			App	lied For	
21				26					59-3317	7535		Not	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certifoate	of Status Desi	red [7]	\$8.75 A		
22				27					, Octuioate	.01.01.01.00		Fee Rec		
City & State				City & State			6. Election Campaign F			ncing 🗆	\$5.00			
23			28						Trust Fund Contribution			Added to Fees		
Zip	_	Country		Zip	30	intry.	-	8	8. This corporation owes the current year Intangible				XNo	
24	25   29   3   9. Name and Address of Current Registered Agent					<u>'l</u>			Personal Property Tax.  Yes No  10. Name and Address of New Registered Agent					
<del></del>	9. Name ai	d Address of Cultent	Ivedia	itered Agent		81	Name				•			
MANNING, ROBERT J							2:		No. 1 Alak Assault III A					
2145 SILVERSTAR RD.						82	Street At	ddress (P.O. Box Number is Not Acceptable)						
TITUSVILLE FL 32796						83								
							015					85 Zip C	ode	
						84	City				Fl	_   65   Zip C	000	
11. Pursuant office or reagent. I as	to the provision egistered agen m familiar with,	s of Sections 607.0502 or both, in the State of and accept the obligation	and 6 Florid	07.1508, Florida Statut da. Such change was a , Section 607.0505, Flo	es, the a uthorize rida Stat	bove d by utes	e-named co the corpora	orporation's t	on submits to board of dire	this statement for ectors. I hereby	or the purpose o accept the appo	f changing its r intment as reg	egistered istered	
SIGNATURE	Slanding food or	printed name of registered agent	od title	if applicable (NOTE	: Registeres	Ager	nt signature req	uired wher	n reinstating}		DATE			
12.	Signagure, yyped or p	OFFICERS AND			13.					S/CHANGES T	O OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	P/D			DELETE		1.1 TITLE					☐ Change	[_] Addition		
NAME	MANNING,	Robert J			1.2 N	AME								
STREET ADDRESS						1.3 STREET ADDRESS								
CITY-ST-ZIP						1.4 CITY-ST-ZIP								
TITLE	٧	V □ DELETE 2.				2.1 TITLE <b>V</b>						Change	☐ Addition	
NAME	•	matrino, 00 me 1 e				2.2 NAME			nning	Jeanes denia	H= A			
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CITY-ST-ZIP	11.001.2212				_	2.4 CITY-ST-ZIP			JEWILLE	1FL33	2796		Addition	
TITLE					3.1 T		ì					☐ Change	Addition [	
NAME						AME								
STREET ADDRESS	*						TADDRESS							
CITY-ST-ZIP				C) DCI CTC	_		ST-ZIP		<del> </del>			Change	☐ Addition	
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NAME				•	- 1	VAME	TADOBECO						)	
STREET ADDRESS							TADDRESS							
CITY-ST-ZIP					4.4 C	ΠY-S	1-ZP							

CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition