Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90054 035 \*\*\*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

Corporation	D H AIR & HEAT, INC.	J3241 <i>7</i>						
Principal Place	of Business	Mailing Address			( 1001)004 HO 10110 DIVIS DOLLA DOLLA DOLLA DOLLA	8 11119 11811 B1961	. (181) (89) (80)	
7105 SE 110 TH ST RD 10050 SE 139TH PLACE BELLEVIEW FL 34420 SUMMERFIELD FL 34491 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  04/01/1996			
2 Principal Pt	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number	Ar	plied For	
					59-3371941		t Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				_	\$8.75	Additional	
22					5. Certificate of Status Desired	Fee Re	equired	
City & State	ce City & State				Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Zip	Country Zip Cou				8. This corporation owes the current year Ir			
24	25	29 30			Personal Property Tax.	☐ Yes	₽N6	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
HIGG	INBOTHAM, JAMES		81	Name				
10050 SE 139TH PLACE				Street A	Address (P.O. Box Number is Not Acceptable)			
SUMMERFIELD FL 34491				<del> </del>				
00111	men lees it stroi		83			1		
			84	City	F	85 Zip	Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligation	r Florida. Such change was author ons of Section 607.0505, Florida Sec	ized by Statutes VOTA	the corpo	corporation submits this statement for the purpose or oration's board of directors. I hereby accept the appointment of the purpose of the pur	27/99		
TITLE	DP ☐ DELETE 1.17		1.1 TITLE			Change	☐ Addition	
NAME	HIGGINBOTHAM, JAMES	1	1.2 NAME		·			
STREET ADDRESS	10050 SE 139TH PLACE	1	1.3 STREE	TADDRESS				
CITY-ST-ZIP	SUMMERFIELD FL 34491		1.4 CITY-S	T-ZIP		a.		
TITLE	ST	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	HIGGINBOTHAM, VIRIGINIA		2.2 NAME					
STREET ADDRESS	10050 SE 139TH PLACE			T ADDRESS			,	
CITY-ST-ZIP	SUMMERFIELD FL 34491			ST-ZIP		☐ Change	Addition	
TITLE	V HIGGINBOTHAM, DOUGLAS	<del>-</del> ·	3.1 TITLE 3.2 NAME			_ +		
NAME	13602 SE 49 AVE			T ADDRESS				
STREET ADDRESS	SUMMERFIELD FL 34491		3.4. CITY-S					
CITY-ST-ZIP	V		4.1 TITLE	):-ZIF		Change	Addition	
NAME	MESSER, DENNIS		4. 2 NAME					
STREET ADDRESS	9209 SPRING ROAD			TADORESS	10738 S.W. 157 LANE			
CITY-ST-ZIP	OCALA-FL		4.4 CITY-S		DUNNELLON, FL. 3443Z			
TITLE			5.1 TITLE			Change	☐ Addition	
NAME		!	5.2 NAME					
STREET ADDRESS			53 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE			Change	☐ Addition	

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP