## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # **P96000043356**1. Corporation Name

Principal Place of Business

WALMER AIR CONDITIONING AND HEATING COMPANY, INC

4110A CREIGHT PENSACOLA FL		4110A CREIGHTON ROAD PENSACOLA FL 32504						
						DO NOT WRITE IN THIS	SPACE	<del></del>
						3. Date Incorporated or Qualifed 05/14/1996	_	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26				59-3390530	No	t Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			5 Certificate of Status Desired	\$8.75	
22		27	-			5 Certificate of Status Desired	Fee Re	quired
City & Stat	e	City &	State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Int.		_
24	25 29 29		30	30		Personal Property Tax. ☐ Yes ☐ No		
1	9. Name and Address of Curre	nt Registered A	gent			10. Name and Address of New Registered	Agent	
	A STORE AND A STOR			81	Name			
WALMER, FRANK C				82	Street Address (P.O. Box Number is Not Acceptable)			
	PEPERIDGE DR							
PEN:	SACOLA FL 32504			83				
				84	City		85 Zip (	Code
				54	City	FL	.	
agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section	607.0505, Flonda	Statutes	<b>i.</b>	ation's board of directors. I hereby accept the appoint the appoin		<u></u>
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12
TITLE	D		☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WALMAR, FRANK C			1.2 NAME				'
STREET ADDRESS	1180 PEPERIDGE DR			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32504		J	1.4 CITY-S	T-ZIP			
TITLE	V			2.1 TITLE			Change	☐ Addition
NAME	HOLDER, WILLIAM R		1	2.2 NAME				
STREET ADDRESS	SALA TIPOTAL ALE			2.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32514			2. 4 CITY-	ST-ZIP			
TITLE	S		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	LEE, RONALD R		}	3.2 NAME	J	•		
STREET ADDRESS	4701 KITTYHAWK CIRCLE			3 3 STREE	T ADDRESS			I
CITY-ST-ZIP	GULF BREEZE FL 32561			3.4. CITY-5	ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE		, <del>_</del> ,	Change	☐ Addition
NAME			· ·	4, 2 NAME				
STREET ADDRESS				4.3 STREE	TADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE		· · · · · · · · · · · · · · · · · · ·		5.1 TITLE		• • •	☐ Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS			•		T ADDRESS			
CITY-ST-ZIP				5.4 CITY-S	ST-ZIP			
TITLE			□ DÉLETE	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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

850 - 479-9151

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90104 040 \*\*\*150.00

CR2E034 (11/98)