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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	MEN # P96000 L WARMING & COOLING, I	DO45725 (4) NC.			8
Principal Plac	e of Business	Mailing Address	·	{ 1 10011601 110 10110 01115 00111 00111 00111 0	0)11 4100 1 61111 19014 1901 6111 1001
4117 GRAND BLVD NEW PORT RICHEY FL 34652 US		4117 GRAND BLVD NEW PORT RICHEY FL 34852 US		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 05/30/1996	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4, FEI Number	Applied For
21		26		59-3385353	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid Personal Property Tax due June 30	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regis	
BR	OI D A, JOEL D ESQ		81 Name		
605 • 75TH AVENUE St. Pete Beach FL 33706			82 Street Add	dress (P.O. Box Number is Not Acceptable))
h			63		
<u> </u>			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature typed or proved harms of repokred age		authorized by the corpora lorida Statutes. HE. Registered Agent signature requ		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D , President EMMERSON, ROBERT	DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	5748 ELENA DRIVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34690		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAME	THIFAULT, MIKE	• •	2.2 NAME		
STREET ADDRESS	1653 MARENGO DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34690	- Divers	2. 4 CITY - ST - ZIP		
TITLE	V.P. , Director	☐ DELETE	3.1 TITLE		Change Addition
NAME PERFET ADDRESS	Susan Frizzell 4725 Innisfil	54	3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	Salm Harbor, fc	211 63	3.3 STREET ADDRESS 3.4. City - St - Zip		
TITLE	Jam Harbon , It	DELETE	41 TITLE		Change Addition
NAME		_	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TITLE NAME		ال مرزواد	6.1 TITLE 6.2 NAME		LT custings LT Wooddon
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supported 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 support in the receiver of the 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 of 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, of on an attachment with an address.

SIGNATURE:

FILED

Jun 04 1998 8:00am

Secretary of State

813-845-5367