

COND 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**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90015 034 \*\*\*150.00

DOCUMENT # **P96000097607**

Corporation Name

**A/C UNIT LIFTING COMPANY**



Principal Place of Business

**2670 NEW BRITTANY BLVD  
SUITE 101  
FORT MYERS FL 33907**

Mailing Address

**12670 NEW BRITTANY BLVD  
SUITE 101  
FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

25

Zip

Country

30

3. Date Incorporated or Qualified

**11/26/1996**

4. FEI Number

**65-0712226**

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

9. Name and Address of Current Registered Agent

**COSTELLO, TRUMAN J  
12670 NEW BRITTANY BLVD  
SUITE 101  
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

I, Pursuant to the provisions of sections 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

LE	P	<input type="checkbox"/> DELETE
ME	<b>COSTELLO, TRUMAN J</b>	
REET ADDRESS	<b>12670 NEW BRITTANY BLVD., #101</b>	
Y-ST-ZIP	<b>FT. MYERS FL 33907</b>	
LE	SD	<input type="checkbox"/> DELETE
ME	<b>COSTELLO, SUSAN R</b>	
REET ADDRESS	<b>12670 NEW BRITTANY BLVD., #101</b>	
Y-ST-ZIP	<b>FT. MYERS FL 33907</b>	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DIRECTOR</b>
1.3 STREET ADDRESS	<b>COSTELLO, TRUMAN J.</b>
1.4 CITY-ST-ZIP	<b>12670 NEW BRITTANY BLVD #101</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

**SIGNATURE OF PRESIDENT**

**6/30/99**

**94139.2222**

CR2E034 (5/99)

P96000097607  
583398-90015-34

*A/C UNIT LIFTING COMPANY*

*Post Office Drawer 60205  
Fort Myers, Florida 33906*

*(941) 495-5014*

July 1, 1999

Annual Report Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: A/C Unit Lifting Company  
FEI Number: 65-0712226**

Dear Sir/Madam:

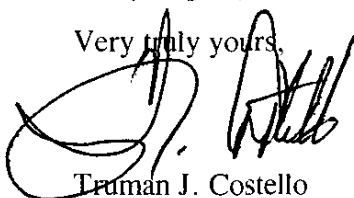
Enclosed please find the 1999 Profit Corporation Annual Report along with a check for \$150.00 for the filing fees regarding the above referenced corporation.

Please be advised that my office did not receive the first notice for the filing of the annual report. We received this Second Notice on June 30, 1999. Please accept this annual report with the \$150.00 filing fee for the annual report and corporation supplemental fee.

It would be greatly appreciated if the late fee of \$400.00 be waived as we did not receive the original notification for the filing of the 1999 Annual Report.

Should you have any questions please do not hesitate to contact my office.

Very truly yours,



Truman J. Costello

TJC:kaj  
Enclosures