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 # P97000013582

1. Corporation Name

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90091 034 ***150.00

COMER	HEATING & COOLING, INC	•					
Principal Place of Business Mailing Address					_		
2873 EAGLE POINT RD. MIDDLEBURG FL 32068 2873 EAGLE POINT RD. MIDDLEBURG FL 32068 MIDDLEBURG FL 32068							
migdlebono 16 decod						DO NOT WRITE IN THIS SPACE	7
						3, Date Incorporated or Qualified 01/01/1997	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		26				59-3405165 Not Applicable	[
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	Ì
22	يعا المحاليات المحاليات المحاليات	27				- Fee Required	-
City & State	e	City & State				6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	}
23		28					1
Zip	Country	Zip		JII U Y		8. This corporation owes the current year intangible Personal Property Tax. Yes No	[
24]	9. Name and Address of Currer	29	30	Т		10. Name and Address of New Registered Agent	1
	9. Name and Address of Currer	t Registered Agent		81	Name		1
СОМ	ier, don k						-
	EAGLE POINT RD.			82	Street Ad	Address (P.O. Box Number is Not Acceptable)	}
	DLEBURG FL 32068			83	_		1
				Ш			4
				84	City	FL 85 Zip Code	1
l office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was a	autnorize	u by	the corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
SIGNATORE	Signature, typed or printed name of registered age			d Agen	t signature requ	equired when reinstating) DATE	-} §
12.		ND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1 5
TITLE	D	DELETE 1.1 π				Charige — Addition	5
NAME	COMER, DON K		1.2 NAME				1 6
STREET ADDRESS	2873 EAGLE POINT RD.				ADDRESS		5
CITY-ST-ZIP	MIDDLEBURG FL 32068	☐ DELETE	1.4 CITY		T- ZIP	☐ Change ☐ Addition	1 5
TITLE	D	5) DETELE	2.1 TITLE				1
NAME	COMER, MARTHA J		2.2 NAME				1
STREET ADDRESS					ADDRESS		1
CITY-ST-ZIP	-MIDDLEBURG FL-32068	☐ DELETE	2, 4 CITY- 3.1 TITLE		T-ZIP	Change Addition	1
TITLE			3.2 NAME		ļ	user a face of the	
NAME					ADDRESS		ļ
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	4,1 7	DITY-S	11-ZIF	☐ Change ☐ Addition	1
NAME	1		4, 2 NAME		}		
STREET ADDRESS					ADDRESS		
i							
TITLE		☐ DELETE	4,4 CITY-5 5,1 TITLE			☐ Change ☐ Addition	7
NAME				AME			1
STREET ADDRESS			5.3 9	TREET	ADDRESS	•	
CITY-ST-ZIP	5.4		5.4 0	ITY-S	T-Z i P]
TITLE		☐ DELETE	6.17	ITLE		☐ Change ☐ Addition	Ì
NAME		•	6.2 N	AME			ĺ
I .	10 P 164		6.3 9	TREET	ADDRESS		İ
CITY_ST_ZIP	10 mg - 1 75 75		6.4 0	rTY-\$1	T-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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 15 1999

(904)282-3000 Daytime Phone #