## 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 # P97000019283

AFFORDABLE HEATING & COOLING, INC.

						f JMBrink) isa susti indis maise huses a	IBIN BRIGI		18188 (111 188)
Principal Place of Business Mailing Address					{				
2187 TRADE CENTER WAY 2187 TRADE CENTER WAY									
NAPLES FL 34109 NAPLES FL 34109						DO NOT WRITE	IN THIS	SPACE	
					Í	3. Date Incorporated or Qualifed			
					}	02/24/1997			Ì
		2a. Mailing Address				4. FEI Number			plied For
					- {	65-0728226		<u> </u>	t Applicable
21 26 20 20 20 20 20 20 20 20 20 20 20 20 20								\$8.75 A	
Suite, Apt. #, etc.			- ±		-	5. Certifcate of Status Desired · [	· ·	Fee Re	
22 27									<del></del>
City & State City & State			•			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
23		28	Country						01663
Zip	Country	Zip	1		(	<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>	year nu	angibie ∐Yes	□No
24	25	29 30	<u> </u>			10. Name and Address of New Reg	istered .		
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Key	liaferen i	- Ngeilt	
OUDANIMON MADY D				Name				_	
O'BANNON, MARY R			82	Street	Addres	s (P.O. Box Number is Not Acceptable	<del>-</del>		
2187 TRADE CENTER WY			<u> </u>						
NAPLES FL 34109			83	ĺ					ĺ
			84	City				85 Zip (	Code
				1			FL	. 1	
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named	corpor	ation submits this statement for the pu	rpose of	changing its	registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was auth- ions of Section 607 0505, Florida	orized by Statutes	the corp	oration	's board of directors. I hereby accept t	ne appon	nuneni as re	gistered
	in familial with, and accept the congar	10115 01, 0001011 001 10000, 1 101101							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	istered Ager	nt signature	required w	rhen reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICE	CERS AN		
TITLE	P	☐ DELETE	1.1 TITLE		TRE	SIDENT		Change	☐ Addition
NAME.	O'BANNON, DANIEL K		1.2 NAME		O'B	ANNON, DANIELK.			[
			1.3 STREE	1.3 STREET ADDRESS 8155 REDHAWK LN			ļ		
	EVERGLADES CITY FL 34139		1.4 CITY-S		L ALZ	APLES, FL 34120			
CITY-ST-ZIP	ST	DELETE	2.1 TITLE	1-21-	ST	The state of the s		Change	Addition
TITLE		02272	2.2 NAME		An	ERNATHY, STACEY R.			_
NAME	O'BANNON, MARY R								Ì
STREET ADDRESS	414 RIVERSIDE DR P O BOX 5	บบบร		TADORESS	25	O PRATHER DR.	10		. /
CITY-ST-ZIP	EVERGLADES CITY FL 34139		2. 4 CITY-S	T-ZIP -	T <sub>T</sub> FOI	et Myers, FL 339	-	Change	Addition
TITLE	D	☐ DELETE	3.1 TITLE					€1 cuange	□,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	RUMMEL, ALLEN L		3.2 NAME						ļ
STREET ADDRESS	2875 INDIANWOOD DRIVE		3.3 STREE	TADORESS		*,**			. ]
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY-5	ST-ZIP	ļ			<u> </u>	T A said:
TITLE		☐ DELETE	4.1 TITLE		[			Change	☐ Addition
NAME		j	4. 2 NAME						
STREET ADDRESS			4,3 STREE	TADORESS	1				
CITY-ST-ZIP			4.4 CITY-S	T-Z)P	1				
TITLE		DELETE	5.1 TITLE					Change	☐ Addition
NAME		A. 1 . P B.FFE	5.2 NAME	• •	' `				
STREET ADDRESS			5.3 STREE	T ADDRESS					
-		• ,	5.4 CITY-S		.				
CITY+ST-ZIP		C) DELETE	61 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 envan 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

1-513-0626

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90091 030 \*\*\*150.00