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

Mailing Address

BARTOW FL 33830

2a. Mailing Address

155 EAST MAIN STREET

PROFIT CORPORATION **ANNUAL REPORT**

Principal Place of Business

2. Principal Place of Business

155 EAST MAIN STREET

BARTOW FL 33830



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000023232 (6)

BARTOW HEATING & COOLING, INC.

21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6 Election Campaign Figancing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes □ No 29 Personal Property Tax due June 30. 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GIDDENS, MARTIN G 155 EAST MAIN STREET Street Address (P.O. Box Number is Not Acceptable) 82 BARTOW FL 33830 83 人名英克勒 City 85 Zip Code 11. 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) R2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE NAME GIDDENS, MARTIN G 1.2 NAME STREET ADDRESS **155 EAST MAIN STREET** 1.3 STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 JILLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CfTY - ST - ZIP 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-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 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

TITLE

NAME

NAME

TIME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

clens

DELETE

DELETE

DELETE

941-534-117

Change

Change

☐ Addition

Addition

Addition

FILED

May 01 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

03/10/1997