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03-31-2000 90104 024 ***150.00
P97000051064

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
631253



DO NOT WRITE IN THIS SPACE

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$530 (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

DOCUMENT # P97000051064

1. Corporation Name
BAYSIDE AIR CONDITIONING & HEATING, INC.

Principal Place of Business
515 KELLY STREET
DESTIN FL 32541

Mailing Address
515 KELLY STREET
DESTIN FL 32541

2. Principal Place of Business
2a. Mailing Address

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27
28
29
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3. Date Incorporated or Qualified
06/09/1987

4. FEI Number
59-3457293

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 owns the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESS, TRACY
515 KELLY STREET
DESTIN FL 32541

81 Name **Glen G Hess**
82 Street Address (P.O. Box Number is Not Acceptable)
515 Kelly St
83
84 City **Destin** FL 85 Zip Code **32541**

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 Glen Hess **Glen Hess vice Pres. Registered Agent** 7/7/99
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|--|
| TITLE | PO | <input type="checkbox"/> DELETE |
| NAME | HESS, JEFF | |
| STREET ADDRESS | 515 KELLY STREET | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | HESS, TRACY | |
| STREET ADDRESS | 515 KELLY STREET | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------|--|
| 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Glen G Hess | |
| 1.3 STREET ADDRESS | 515 Kelly St | |
| 1.4 CITY-ST-ZIP | Destin FL 32541 | |
| 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 | | |

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 with an address.

Glen G. Hess

SP