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 # P97000058708

1. Corporation Name

AIR TEMP SYSTEMS, INC.

Principal Place of Business

Mailing Address

2824 FLORIDA AVENUE **JACKS**

2824 FLORIDA AVENUE

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90050 012 ***150.00



ONVILLE FL 32206 JACKSONVILLE FL 32206						
			DO NOT WRITE IN TH	IS SPACE		
Sale Comment			3. Date Incorporated or Qualifed			
			07/03/1997			
rincipal Place of Business	2a. Mailing Address		4, FEI Number	Applied For		
	26		59-3455054	Not Applicable		
uite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
	27		3. Continuate of Citatian Desired	Fee Required		
ty & State	City & State		6. Election Campaign Financing \$5.00 May Be			
	28		Trust Fund Contribution	Added to Fees		
P Country	Zip	Country	8. This corporation owes the current year Intangible			
[25]	29	30	Personal Property Tax.	☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent		
and the state of t	•	81 Name	,			
DOEHNE, LON S III				******		
2824 FLORIDA AVENUE		82 Street A	ddress (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32206		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4		
ALTO TO ALTO THE POST OF THE P		(0.3)		3.1		

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

84 City

agent. I a	im familiar with, and accept the obligations of, Section	1 607.0505, Florid	la Statutes.		,		,				
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12. ```	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHAI	NGES TO OFFICERS AN	ID DIRECTOR	RS IN 12				
ITILE	P	☐ DELETE	1.1 TITLE			Change	☐ Addition				
NAME	MURRAY, R.P. JR.		1.2 NAME								
STREET ADDRESS	2824 FLORIDA AVENUE		1.3 STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.4 CITY-ST-ZIP								
TITLE	VP	□ DELETE	2.1 TITLE	*		☐ Change	☐ Addition				
NAME	DOEHNE, LONS S III		2.2 NAME								
STREET ADDRESS	lesser a color of transpersion and a color		2.3 STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE FL 32206		2.4 CITY-ST-ZIP								
TITLE	TS	□ DELETE	3.1 TITLE			☐ Change	☐ Addition				
NAME	MURRAY, R.P. SR.		3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE FL 32206		3.4. CITY-ST-ZIP			CV 11 HV					
TITLE		☐ DELETE	4.1 TITLE	***		☐ Change ':	Addition				
. NAME .			4, 2 NAME								
- STREET ADORESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CfTY-ST-ZIP								
TITLE	Problem Color	DELETE	5.1 TITLE			Change	☐ Addition				
NAME	于可 <i>用到</i> 证明的证据。		5.2 NAME	• •			•				
STREET ADDRESS	Satisfy to the same of the sam		5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP	4 - 4							
TITLE.	2.34	DELETE	6.1 TITLE			Change	Addition				
NAME		į	6.2 NAME				_				
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 C/TY-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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Zip Code

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