


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

FILED

Feb 08, 1999 8:00am  
Secretary of State

02-08-1999 90050 012 \*\*\*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000058708</b>					
1. Corporation Name <b>AIR TEMP SYSTEMS, INC.</b>					
Principal Place of Business <b>2824 FLORIDA AVENUE JACKSONVILLE FL 32206</b>			Mailing Address <b>2824 FLORIDA AVENUE JACKSONVILLE FL 32206</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/03/1997</b>	
21		26		4. FEI Number <b>59-3455054</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>DOEHNE, LON S III 2824 FLORIDA AVENUE JACKSONVILLE FL 32206</b>			81	Name	
			82	Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84	City	85
			<b>FL</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P. <input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURRAY, R.P. JR.</b>		1.2 NAME		
STREET ADDRESS	<b>2824 FLORIDA AVENUE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>		1.4 CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOEHNE, LON S III</b>		2.2 NAME		
STREET ADDRESS	<b>2824 FLORIDA AVENUE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>		2.4 CITY-ST-ZIP		
TITLE	TS <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MURRAY, R.P. SR.</b>		3.2 NAME		
STREET ADDRESS	<b>2824 FLORIDA AVENUE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>		3.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

904-353-1411

Date

Daytime Phone #

CR2E034 (11/98)