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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corpora ion Name



DOCUMENT # P97000097217

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90113 030 \*\*\*150.00

MERCUR	iy air conditioning and	) HEATING, INC.			
Principal Place	of Business	Mailing Address		i iddildet sig sessi iddit bess agist onstroat	18 (8()) (98(9 (188( 1/8)) 188( 188( 188)
920 TUSCANNY STREET BRANDON FL 33511 US		920 TUSCANNY STREET BRANDON FL 33511 US		DO NOT WRITE IN TH	S SPACE
				11/14/1997	}
2. Principal Place of Business 2a.		2a. Mailing Address		4. FEI Number	Applied For
		26		5 <del>9-34</del> 79010	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & S ate		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip ::	Country 30	This corporation owes the current year     Personal Property Tax.	ntangible Yes No
<del></del>	9. Name and Add ess of Curren			10. Name and Address of New Registere	d Agent
0.15	OLA BIOLIAND DAVID		81 Name		
GARCIA, RICHARD DAVID			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
3617 WEST CASS STREET TAMPA FL 33609					
t 2 IVII	FA FE 33009		83		
			84 City		85 Zip Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was สน tions of, Section 607.0505, Flori	thonzed by the corporation da Statutes.	poration submits this statement for the purpose on's board of cirectors. I hereby accept the app	of changing its registered cointment as registered
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:) ID DIRECTORS	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	IND DIRECTORS IN 12
12.	P OFFICERS AN	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CITTOERC	Change Addition
NAME	GARCIA, RICHARD DAVID		12 NAME		
STREET ADDRESS	3617 WEST CASS STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-ST-ZIP		İ
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEISS, ROBERT H J		2.2 NAME		
STREET ADDRE 3S	920 TUSCANNY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON_FL 33511		2.4 CITY-ST-ZIP		
TITLE	S	<b>▼</b> DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAPTISTA, JOSEPH A		3 2 NAME		
STREET ADDRESS	617 GRAN KAYMEN WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL 33572		3.4. CITY-ST-ZIP	<u></u>	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Citarige ☐ Addition
NAME			4. 2 NAME		
STREET ADDRE 3S			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.1 TITLE		Change Addition
TITLE NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		□ DELETE	6.1 TITLE		☐ Change ☐ Addition

14. I hereb / certify that the information supplied with this filing does not qualify fcr 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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP