CR2E034 (11/98)

STREET ADDRESS CHY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FILI	E NOW: FILING	FEE AFTER	MAY 1ST IS	\$550.00)				
1	PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Socretary of State DIVISION OF CORPORATIONS			FIL			
1. Corporation	MENT # P9 on Name IFIED AIR CONDIT	08000074 IONING & HEATIN				99 MAR 11 SECRETAR TALLATAR	PH 1: 15 Y OF STATE FE FLORIDA		
Principal Place of Business Mulling Address 1920 EST 151ST AVENUE #7 1920 EAST 151ST AVE LUTZ FL 33549 LUTZ FL 33549				# 7		3. Date Incorporated 01/23/1998	O NOT WRITE IN T or Qualified	HIS SPACE	
21 581 Suite, Apt 22	#, etc.	Ave 26 Su	ailing Address			4. FEI Number 30 5 Certificate of Statu	48 776 S s Desired 11	1 1	
City & Sta 23 Jamy 24 336	pa, FL Country	28	. [:	Country		6. Election Compaign Trust Fund Contrib 8. This corporation of Personal Property 10. Name and Address	ection was the corrent year Tax	[Yes	
291	.VIN, SCOTT 4 WEST ELROD AVEN IPA FL 33611	UE		82	Name Street Addre City	ss (P.O. Box Number is	Not Acceptable)	-	code
office or s	am familial with, and acce	in the State of Florida S pt the obligations of, Sec of registered agent and the Pays	ction 607,0505, Florid	thonzed by th	named corpo e corporation	Workma	n Spati	March 19	99
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GALVIN, SCOTT	FICERS AND DIRECTO	DRS [DELETE	13. 11761E 1276ME 1351REE1 AC 14 COV-SE-Z	4		ges to officers 20281: -03/18/99 · ****150,00	[/Change 1 1 5 2 - 0 -01093 - 0] ****15	obebA[]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WORKMAN, DOUGL 4326 S. COOLIDGE TAMPA FL 33611		[] DELETE	2 1 TUPLE 22 NAME 23 STREET AE 2 4 CHY-ST-2 3 T TUTLE	T T			(Change Change	[] Addition
TITLE NAME STREET ADORESS CITY: ST-ZIP TITLE	S GALVIN, NOREEN E 2914 W. ELROD AVE TAMPA FL 33611		{ DECETE	31 THE 32 NAME 33 STREET AS 34 CITY-ST-2 41 THE	i			[Change	[] Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			[] DELETE	4 2 NAME 43 STREET AL 44 CHY-ST-Z 51 THE				{ Change	[] Add to
NAME				5.2 NAME	1				

6.2 NAM

[] DECETE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption saled in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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 changes of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEG OR PRINTÉO NAME OF SIGNING OFFICER OR DIRECTOR.

Remade U. 1999. Trabular Florida. Douglas A. Workman V.P. 8138323510 8 MARCH, 1999.

53 STREET ADDRESS

63 STREET ADDRESS

64 CITY-ST-7F