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

**PROFIT CCRPORATION ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secreta y of State DIVISION OF CORPORATIONS FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90027 022 \*\*\*150.00

## DOCUMENT # **P98000012852**1. Corporat on Name

AIR CO	nditioning management	ENTERPRISES, INC.							
Principal Plac	e of Business	Mailing Address				( High sent to Held Held mount onto	1 <b>4 E</b>   1		1119 1191 1891
5609 NW 53RD	COURT	5609 NW 53RD COURT							
GAINESVILLE FL 32653 GAINESVILLE FL 32653					DO NOT WRIT	FINITHS	SPACE		
						3. Date Incorporated or Qualifed			<del></del> -
						02/10/1998			
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Nu mber		App	ied For
<b>-</b> , '	Tace of Business	26						<del></del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 A	
22	<i>n</i> , c.c.	27				5. Certificate of Status Desired		Fee Rec	uired
City & Stat	te ====================================	City & State				6. Election Campaign Financing		\$5.00 N	tay Be
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Coul	ntry		8. This ecrporation owes the curre	nt year Inta		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Ro	egistered A	kgent	
110F	SOLOOM DAVID IN			81	Name				
	RRISON, DAVID W			82	Street Ac dre	ess (P.O. Box Number is Not Acceptate	ole)		
	9 NW 53RD COURT								
GAI	NESVILLE FL 32653		ļ	83					
				84	City			85 Zip C	ode
						oration submi s this statement for the p	<u> </u>		
office (·r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was atoms of, Section 607.0505, Fl	autnorizea	by thutes.	and w	n's board of directors. I hereby accept	Life appoint	unen as reg	
12.		NI) DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 T(T	ΓLE				Change	Addition
NAME	HARRISON, DAVID W		1.2 NA	\ME					
STREET ADDRESS	5609 NW 53RD COURT				1				
CITY-ST-ZIP	O A DISCOURT OF THE ABOUT		1.3 ST	REETA	DDRESS				
TITLE	GAINESVILLE FL 32653			REET AL					
NAME	<del>                                     </del>	☐ DELETE		TY-ST-Z				☐ Change	Addition
INCHIL	<del>                                     </del>	☐ DELETE	14 CJ	TY-ST-Z				☐ Change	Addition
STREET ADDRLSS	<del>                                     </del>	☐ DELETE	2.1 TIT 2.2 NA	TY-ST-Z TLE AME				Change	Addition
	<del>                                     </del>		2.1 TH 2.2 NA 2.3 ST	TY-ST-Z TLE AME	DORESS				
STREET ADDRI .SS	HARRISON, Ramona D	☐ DELETE	2.1 TH 2.2 NA 2.3 ST	TY-ST-Z TLE AME TREET AL	DORESS			☐ Change	Addition
STREET ADDRLSS	<del>                                     </del>		14 CII 2.1 TIT 22 NA 23 ST 2.4 CI	TY-ST-Z TLE AME TREET AL ITY-ST	DORESS				
STREET ADDRI SS CITY-ST-ZIP TITLE	HARRISON, RAMONA D SLOG NW 53 <sup>rd</sup> Ct Ganaesulle PL 32653		2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA	TY-ST-Z TLE AME TREET AL ITY-ST TLE AME	DORESS				
STREET ADDRI SS CITY-ST-ZIP TITLE NAME	HARRISON, RAMONA D SLOG NW 53 <sup>rd</sup> Ct Ganaesulle PL 32653	☐ DELETE	14 C/I 2.1 T/I 2.2 NA 2.3 ST 2.4 C/I 3.1 T/I 3.2 NA 3.3 ST 3.4.C/I	TY-ST-Z TLE AME TREET AL ITY-ST- TLE AME TREET AL	DDRESS ZIP			☐ Change	Addition
STREET ADDRI SS CITY-ST-ZIP TITLE NAME STREET ADDRI:SS	HARRISON, RAMONA D SLOG NW 53 <sup>rd</sup> Ct Ganaesulle PL 32653		14 C/I 2.1 TIT 22 NA 2.3 ST 2.4 CI 3.1 TIT 32 NA 3.3 ST 3.4.CI 4.1 TIT	TY-ST-Z TLE AME TREET AI ITY-ST TLE AME TREET AI ITY-ST TLE	DDRESS ZIP				
STREET ADDRI SS CITY-ST-ZIP TITLE NAME STREET ADDRIESS CITY-ST-ZIP	HARRISON, RAMONA D SLOG NW 53 <sup>rd</sup> Ct Ganaesulle PL 32653	☐ DELETE	14 C/I 2.1 T/I 2.2 NA 2.3 ST 2.4 C/I 3.1 T/I 3.2 NA 3.3 ST 3.4.C/I	TY-ST-Z TLE AME TREET AI ITY-ST TLE AME TREET AI ITY-ST TLE	DDRESS ZIP			☐ Change	Addition
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STREET ADDRIESS CITY-ST-ZIP TITLE NAME STREET ADDRIESS CITY-ST-ZIP TITLE NAME STREET ADDRIESS CITY-ST-ZIP TITLE NAME NAME	HARRISON, RAMONIL D SLOG NW 5319 CT GAMEGUILLE PL 32653	☐ DELETE	14 CII 21 TII 22 NA 23 ST 2.4 CI 3.1 TII 32 NA 3.3 ST 34. CI 41 TII 4 2 NA 43 ST 4.4 CII 5.1 TII 5.2 NA	TY-ST-2 TLE AME TREET AL TITY-ST- TLE AME TREET AL TREET AL TY-ST-2 TLE AME	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS			☐ Change	Addition Addition
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STREET ADDRIESS CITY-ST-ZIP TITLE NAME NAME	HARRISON, Ramona D Shog NW 53rd Ct Ganaesulle PL 32653	☐ DELETE	14 CII 21 TII 22 NA 23 ST 2.4 CI 3.1 TII 32 NA 3.3 ST 4.4 CII 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CI	TY-ST-2 TILE  AME TREET AI TITY-ST-1 TILE TITY-ST-1 TILE TITY-ST-1 TILE TILE TILE TILE TILE TILE TILE TILE	DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS			☐ Change ☐ Change ☐ Change	Addition Addition
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14. There by 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:

OF SIGNING OFFIC ER OR DIRECTOR