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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000029192

1. Corporation Name

DIVISION 15-HVAC, INCORPORATED

Principal Place of Business

P.O. BOX 292
MYAKKA FL 34251

Mailing Address

P.O. BOX 292
MYAKKA FL 34251

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **4152 INDEPENDENCE CT.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE C-5**

City & State

23 **SARASOTA, FL**

City & State

Zip

24 **34234**

Country

Zip

Country

29

30

3. Date Incorporated or Qualified

03/26/1998

4. FEI Number

65-0826167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

UPCHURCH, DEBRA K
2833 GOLDEN POINCIANA PL
SARASOTA FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **UPCHURCH, BRIAN R**
STREET ADDRESS **2833 GOLDEN POINCIANA PL**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ DELETE

NAME **UPCHURCH, DEBRA K**
STREET ADDRESS **2833 GOLDEN POINCIANA PL**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **D** ☐ DELETE

NAME **STEVENS, KENNETH C**
STREET ADDRESS **31519 BETTS ROAD**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **D** ☐ DELETE

NAME **STEVENS, RAMONA M**
STREET ADDRESS **31519 BETTS ROAD**
CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP/D** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **S/D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **P/D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **T/D** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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:

B. R. Upchurch, V.P. BRIAN R. UPCHURCH 4/25/99 (941) 320-6090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0483825