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FILE NOW: FILING FEE AFTER MAY 1ST IS

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000037785

AIR CONDITIONING SPECIALISTS, INC.

1 Throipai i Race of Dusiness	Maning Accides							
115 MARIMBA MARY ESTHER FL 32569 115 MARIMBA MARY ESTHER FL 32569			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
				04/24/1998				
2. Principal Place of Business	2a. Mailing Address		:_	4. FEI Number			oplied For	4
21	<u> </u>			59-3518168		<u>-</u>		4
Suite, Apl. #, etc.	Suite, Apt. #, etc.	·· · · · · · · · · · · · · · · · · · ·		21-2010100			ot Applicable	-
22	27			5. Certificate of Status Desired	×	•	Additional equired	j
City & State	City & State			6. Election Campaign Financing			May Be	1
23	28			Trust Fund Contribution			to Fees	1
Zip Country	Zip	Country	سحب	 8. This corporation owes the curr Personal Property Tax. 		egiblo XYes	= = = = = = = = = = = = = = = = = =	-
	of Current Registered Agent	<u>, </u>		10. Name and Address of New F				1
		81	Name	The state of the s		,		1
FOUNTAIN, KENNETH R ES	60.		C4	(D.O. Day M	-61-A			4
8855 NAVARRE PARKWAY			82 Street Address (P.O. Box Number is Not Acceptable)					
NAVARRE FL 32566		83		· W - W - W - W - W - W - W - W - W - W				1
		84	City		FL	85 Zip (Code	1
office or registered agent, or both, in	is 607.0502 and 607.1508, Florida Statutes, the State of Florida. Such change was auth the obligations of, Section 607.0505, Florida	rorized by	the corpo	corporation submits this statement for the ration's board of directors. I hereby accept	purpose of cit	anging its	registered gistered	
SIGNATURE								
			nt signature re	quired when reinstating)	DATE			(a
0/1	ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF				(11/98)
ITTLE CHARPERSON) DELETE	1.1 TITLE				☐ Change	☐ Addition	
BRADY J.S.	m_S	1.2 NAME		1			I	5
STREET ADDRESS 115 MARLINGA	F . 1 51 - 115	13 STREE	ADDRESS	U a-				ROEU34
CITY-ST-ZIP	MANY CLIMA PI 33361	1.4 CITY-S	T-ZIP	10 00				Ď.
TILE PRESIDENT	/ DELETE	2.1 TITLE			[Change	☐ Addition	٦
BRADY JS	S	2.2 NAME	1	1 .				l
STREET ADDRESS 115 MARCH 54		2 3 STREET ADDRESS		, <u>, , , , , , , , , , , , , , , , , , </u>	•			İ
CITY-ST-ZIP	MARY EsThen F13269	2.4 CITY-5	T-ZIP	NCV				1
THE SELBETARY	☐ DELETE	31TITLE	Į		ĺ	Change	Addition	ļ.
NAME GOMEN \ S.	S	3.2 NAME		1				
STREET ADDRESS	_	33 STREET	LANDERGE !	ı i				1

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 eath; 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C/TY-ST-ZIP

4.4 CITY-ST-ZIP

4.2 NAME

5.1 TFILE

5.2 NAME

d 1 TITLE

62 NAME

21	CN	ATI	IRE

CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

STREET ADORESS CITY-ST-ZIP

CITY-ŞT-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

SIGNATURE AND TYPED AN PRATED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

□ DELETE

1-5.99

850-581-7711

☐ Change

Change

Addition

☐ Addition

☐ Addition

FILED

Feb 19, 1999 8:00 am

Secretary of State

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