SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

S10121

(9)

LEE HEATING & AIR CONDITIONING, INC.

FILED Jul 23 1998 8:00am Secretary of State

						_					
Principal Plac	of Busines	s		Mailing	Address	· · · · · · · · · · · · · · · · · · ·				- 1 480 1818 401 1611 80 DE SEDE	
RT. 4 BOX 612-D				RT. 4 B	RT. 4 BOX 612-D						
BOYD ROAD					BOYD ROAD						
PERRY FL 3234	47			PERRY FL 32347					DO NOT WRITE IN THIS SPACE		
				US						3. Date Incorporated or Qualified 10/22/1990	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For	
State And W. offe				26						59-3061291 Not Applicable	
Sulte, Apt. #, etc.				⊢ —	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
City & State				27	City & State					Fee Required	
23			28						Election Campaign Financing Trust Fund Contribution Added to Fees		
Zip Country		ry				ntry 8. This corporation owes or has paid the current year Intangible					
24 25			29 30			Personal Property Tex due June 30. Yes No					
	9. Name	and Addr	ess of Curre	nt Registered	Agent					10. Name and Address of New Registered Agent	
LEE,	, ALVIN HEI	NRY JR.					81	Name)		
RT. 4			82 Street A			Addres	ss (P.O. Box Number is Not Acceptable)				
1	'D ROAD						Crossins (1.0, Dox Humber to Hot Moodpladile)				
PERRY FL 32347											
	-					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.											
t onice or	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											
SIGNATORE .	Signature, typed	or printed nam	e of registered age	nt and tille if applica	able. (N	IOTE: Register	ed Aç	ent signati	ure require	ed when reinstating) DATE	
12.		(FFICERS AN	ID DIRECTOR	RS	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P				DELETE	1.1 TIT	LE			Change Addition	
NAME	LEE, ALVI		JK.			1.2 NA	ME				
STREET ADDRESS	RT. 4 BOX					1.3 STF	REET	ADDRESS			
CITY-ST-ZIP	PERRY FL	. 32347			M-3-	1,4 CIT		ZIP	ļ		
TITLE	VP DOD	LAPSET"	Brian	יוע עו	TOELETE	2.1 111	LE		Br	rian H. Kirby (YP) & Change Addition 1. 4 Box 612-D erry, F1 32347 Service Tech.	
NAME	LEC, NOD		Dirar	17.731	, 60,	2.2 NA			R	1.4 BOX 612-0' DOWN TONG	
STREET ADDRESS	RT. 4 BO)					2.3 STF	REET	ADDRE\$S	A	erry F1 32347 Service reco.	
CITY-ST-ZIP	PERRY FL	32347				2.4 CIT		ZIP	L		
TITLE		JAI AA			DELETE	3.1 TIT				Change Addition	
NAME	LEE, GLEI RT. # BOX					3.2 NA			1		
STREET ADDRESS	PERRY FL							ADDRESS			
CITY-ST-ZIP TITLE	renni ru	32347				3.4 CIT		ZIP	<u> </u>		
NAME					DELETE	4.3 111				Change Addition	
STREET ADDRESS						4.2 NA					
CITY-ST-ZIP						4.3 S I N		NDDRESS			
TITLE					Delete	5.1 TITU		ZIP	 		
NAME					DELETE	5.2 NA				Change Addition	
STREET ADDRESS								DDRESS]		
CITY-ST-ZIP											
TITLE			· · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CIT	_	<u></u>			
NAME					LI DELETE	6.2 NAM				L_1 Change L_1 Addition	
STREET ADDRESS								DDRESS	1		
CITY-ST-ZIP	•					6.4 C(T)					
	rtify that the i	nformation	aupolied with	this filing doe	s not qualify for I				section	n 119 07/31(i) Florida Statutas I further certifu that the information	

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 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 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 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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

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