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

₽ROFIT * CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S10121

1. Corporation Name

LEE HEATING & AIR CONDITIONING, INC.

						ļ				
Principal Place of Business Mailing Address										
RT. 4 BOX 612-D RT. 4 BOX 612-D										
BOYD ROAD BOYD ROAD							DO NOT WRIT	E IN THIS :	SPACE	
PERRY FL 32347 US PERRY FL 32347 US US							3. Date Incorporated or Qualifed			
00		••				l	10/22/1990			\
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		$-\Box$	Applied For
21 26							59-3061291			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired		~~	Additional
22 27								_		Required
City & State City & State							6. Election Campaign Financing			May Be
23		28		4	=		Trust Fund Contribution			d to Fees
Zip	Country	i Zip		untry			 This corporation owes the curre Personal Property Tax. 	ent year inta	angible ∐Yes	□No
24	9. Name and Address of Curre		30	Г			10. Name and Address of New R	egistered A		
	5. Name and Address of Curre	ant Kedisteren Agent		81	Name				9-	
LEE,	ALVIN HENRY JR.									
RT. 4 BOX 612-D				82	Street A	Addres	ss (P.O. Box Number is Not Accepta	ole)		}
BOYD ROAD				83						
PERRY FL 32347									1	
				84	City			FL	85 Zij	p Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was at lations of, Section 607.0505, Flor	ithorize ida Sta	d by tutes	the corpo	ration	ration submits this statement for the 's board of directors. I hereby accep	the appoin	tment as	registered
	Signature, typed or printed name of registered ag		Registere		t signature re	v beriupe	ADDITIONS/CHANGES TO OF	DATE	D DIREC	TORS IN 12
TITLE	P OFFICERS A	ND DIRECTORS ☐ DELETE	1.1 7		<u>1</u>		ADDITIONS/CHARGES TO OF	ICENO AIT	Change	
NAME	LEE, ALVIN HENRY JR.		1	IAME	ŀ					_
STREET ADDRESS	RT. 4 BOX 62-D				ADORESS					
CITY-ST-ZIP	PERRY FL 32347			ITY-S	i					l
TITLE	VP DELETE			2.1 TITLE					Chang	e 🔲 Addition
NAME	KIRBY, BRIAN H		2.2 N	2.2 NAME						
STREET ADDRESS	RT. 4 BOX 612-D		2.3 5	TREET	ADDRESS					ł
CITY-ST-ZIP	PERRY FL 32347		2.4	CITY-S	st-ZIP					
TITLE	CEO DELETE		3.1 T	3.1 TITLE					☐ Chang	e 🔲 Addition
NAME	LEE, GLENN M		3.2 N	3.2 NAME						
STREET ADDRESS	RT. 4 BOX 612-D		3.3 8	TREE	ADDRESS					
CITY-ST-ZIP	PERRY FL 32347		3.4.	CITY-S	ĭ-ZIP					
TITLE		☐ DELETE	4.1 1	TLE					Chang	e 🗌 Addition
NAME			4. 2	NAME						
STREET ADDRESS			4.3 5	TREET	T ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	_	ITY-S	T-ZIP				7	
TITLE		☐ DELETE		TTLE	Ì				Chang	e 🔲 Addition i
NAME				IAME						
STREET ADDRESS			- F		T ADDRESS					}
CITY-ST-ZIP		☐ DELETE		TTY-S	1-212				Chang	e Addition
TITLE		☐ DETE 15	- 1	AME	ł					
NAME					TADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90074 039 ***150.00