

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

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DOCUMENT # S22363

1. Corporation Name

RELIABLE AIR CONDITIONING & HEATING, INC.

Principal Place of Business

4302 US #1  
VERO BCH FL 32960  
US

Mailing Address

P.O. BOX 4051  
VERO BEACH FL 32964  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1990

4. FEI Number

65-0238986

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

WHITTLE, CYNTHIA  
2605-49TH ST.  
VERO BCH. FL 32960

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 VS  
NAME CYNTHIA, WHITTLE  
STREET ADDRESS P.O. BOX 4051 N/A  
CITY-ST-ZIP VERO BEACH FL

TITLE PT  
NAME WHITTLE, TERRY  
STREET ADDRESS P.O. BOX 4051 N/A  
CITY-ST-ZIP VERO BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES  
1.2 NAME NANCY BEIGHT  
1.3 STREET ADDRESS 2036 36th AVE  
1.4 CITY-ST-ZIP VERO BEACH, FL 32960

2.1 TITLE PRES  
2.2 NAME TERRY WHITTLE  
2.3 STREET ADDRESS P.O. Box 4051  
2.4 CITY-ST-ZIP VERO BEACH, FL 32964

3.1 TITLE SEC. TREAS.  
3.2 NAME CINDY WHITTLE  
3.3 STREET ADDRESS P.O. Box 4051  
3.4 CITY-ST-ZIP VERO BEACH, FL 32964

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)