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

DOCUMENT # S26777

CITY-ST-ZIP

STREET ADDRESS

NAME

WEATHERMAKERS AIR CONDITIONING & HEATING, INC.

Principal Place of Business Mailing Address					(I Matiana 210 (1900 anii: 1900 (1901 (1901 anii: 4101) anii: 4101 4101 anii: 4101 anii: 4101 anii: 4101
4261 112TH TERRACE 4261- 112TH TERRACE					
CLEARWATER FL 34622 CLEARWATER FL 34622					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
•	-				01/22/1991
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26					59-3048702 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing S5.00 May Be
— · · · · · · · · · · · · · · · · · · ·					Trust Fund Contribution Added to Fees
Zip	Country		Country		8. This corporation owes the current year Intangible
— ·	·	<u> </u>	Codinary		Personal Property Tax.
24	25	29 30	1		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
CHY	DIES V CAHALL		61	INATITE	
CHARLES V. CAHALL			82	Street A	Address (P.O. Box Number is Not Acceptable)
8482-143RD LANE					the state of the s
SEM	NOLE FL 33776		83		
			84	City	FI 85 Zip Code
FL					
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		13.	it signatura re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		1.1 TITLE		Change Addition
	•				,
NAME	CAHALL, CHARLES V		1.2 NAME		•
STREET ADDRESS	4261 112TH TERRACE		1.3 STREE	ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622		1.4 CITY-S	T-ZIP	
TITLE	VP .☐ DELETE 2.1 TIT		2.1 TITLE		☐ Change ☐ Addition
NAME	FISHER, JOHN H 22 NA		2.2 NAME		
STREET ADDRESS	123 ST 4261 112TH TERRACE 2.3 ST		2.3 STREE	ADDRESS	·
CITY-ST-ZIP	A. T. B. C.		2. 4 CITY-S	T-ZIP	
TITLE	S/T		3.1 TITLE		☐ Change ☐ Addition
NAME	CAHALL, PAMELA J		3.2 NAME		
STREET ADDRESS	4261-112TH TERRACE			ADDRESS	
	O FARMATER EL GAGGO				
CITY-ST-ZIP			3.4. CITY - 9	11-ZIP	☐ Change ` ☐ Addition
TITLE			4.1 TITLE		
NAME	4.5		4.2 NAME		
STREET ADDRESS		I.	4.3 STREE	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	ADDRESS	

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 chapter 607 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90053 030 ***150.00

☐ Change

☐ Addition