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PROFIT CORPORATION ANNUAL REPORT 1999

Deigning Class of Dunings



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90023 048 ***158.75

DOCUMEN 1 Corporation Name	T #	S51409	(8)
4 Corporation Name			91

GALAXY AIR AND HEAT, INC.

	ver Sands Dr	170 Monaco						
	bourne, FL 32964	West Melbourn	ie. FI.	32904-	5182			
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00					3. Date Incorporated or Qualifed 05/07/1991			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-3063820		TT.	Applied For
21		26			59-3063820		\vdash	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			E Contidente of Status Decised	refi	\$8.75	Additional
22					5. Certifcate of Status Desired	DXU	Fee	Required
City & Stat	te	City & State			6. Election Campaign Financing	П	\$5.0	O May Be
23		28			Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the curre	nt year Inta	ingible	
24	25		30		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curren	it Registered Agent		, T.,	10. Name and Address of New Re	gistered A	\gent_	
Von	ghn, Donald G.		81	Name				
	Monaco		82	Street Ad	Idress (P.O. Box Number is Not Acceptab	ole)		······································
		Ni 5430		<u></u>		<u> </u>		·
wes	t Melbourne, FL 3290	P r- 3137	83	1				
			84	City			85 Zij	Code
			(*)	5,		FL]**	7 0000
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	im familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes	i	ired when reinstating)	DATE		
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indicated on this annual report or supplied with this limit does not qualify for the exemption stated in Section (19.07(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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR