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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # S7227 E'S AIR CONDITIONING /	• •			
Principal Place of Business Mailing Address					1811 81811 01911 61811 01811 108 <del>1</del>
11107 CORLETT RD RIVERVIEW FL 33569  11107 CORLETT RD RIVERVIEW FL 33569				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address		08/08/1991 4, FEI Number	Applied For
21		26		59-3076502	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Register	od Agent '
KOCH, GEORGE K. JR. 11107 CORLETT RD RIVERVIEW FL 33569					
			82 Street A	Address (P.O. Box Number is Not Acceptable)	
nivi	EUAICAA LT 99908		83		
			84 City		les Zin Codo
			164 City	F	85 Zip Code
SIGNATURE	Signature spied or pring I name of registered to	Korn L	Registered Agent signature		
12.	p OF NOEMS A	DELETE	13. 1.1 TITLE	VICE PresidenT	Change Addition
NAME	KOCH, GEORGE		1.2 NAME	Raymond waters 8016 HAWCOCK ST	
STREET ADDRESS	11107 CORLETT RD		. 1.3 STREET ADDRESS	8016 HAWCOCK ST	
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP	RIVERVIEW FI 33569	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TiTLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		□ oteste	5.1 TITLE 5.2 NAME		T ourselike Tivotation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition

14. Thereby 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 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 a attachment with an address.

6.4 CITY-ST-ZIP

6.2 NAME

4-30-98

**FILED** 

May 11 1998 8:00am

Secretary of State