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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

MENT # S94686

(0)

HUB AIR CONDITIONING & REFRIGERATION, INC.

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address					41911 419 11 41411 31 0)1) 4)4), •34)
12207 CORTE CORTEZ FL 3 US		P. O. BOX 518 CORTEZ FL 34215			DO NOT WRITE IN TH	HIS SPACE		
						3. Date Incorporated or Qualified		1
A Delevisor O	at Durings	Do Malling Address				11/18/1991		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	}	pplied For lot Applicable
26 Sulte, Apt. #, etc. Suite, Apt. #, etc.						65-0297949		Additional
─		27	Σί. Η ₁ σίο.			5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing		May Be
28		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry		B. This corporation owes or has paid the	current year In	ntangible
24	25	29	30	,		Personal Property Tax due June 30.		□ No_
	9. Name and Address of Curre	nt Registered Agent		 		10. Name and Address of New Register	ed Agent	
	NNELL, DORIS A.			81 N	ame			J
608 15TH ST W.				82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)		
BR/	ADENTON FL 34205			63				
			!			,		İ
				84 C	ity		85 Zip	Code
11. Pursuant t	o the provisions of Sections 607 05	02 and 607 1508. Florida Statu	tes the a	hove-na	med corp	oration submits this statement for the purpos		its registered
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorize	d by the	corporati	on's board of directors. I hereby accept the	appointment as	registered
	m tamiliar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Stat	iutes.				j
SIGNATURE .	Signature, typed or printed name of registered ag	ent and lite if applicable (NO	E: Registere	d Agent sid	onalure require	d when reinstating) DAT	Œ	······ 1,
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTOR	RS IN 12
TITLE	P\$	DELETE	1.1 TI	TLE			Change	Addition
NAME	PAPPAS, NICHOLAS JR.	1.2		AME	ĺ			(;
STREET ADDRESS	427 48TH ST. CT. W.		1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP	PALMETTO FL		1.4 CI	TY - ST - ZIF	2			8
TITLE	VT	☐ DELETE	2.1 (1)	TLE			☐ Change	Addition
NAME	PAPPAS, SUSAN		2.2 N/	ame	J			}
STREET ADDRESS	427 48TH ST. CT. W.		2.3 ST	reet addi	ress			ŀ
CITY-ST-ZIP	PALMETTO FL	El ariere		ITY-ST-Zi	<u> </u>			
TITLE		☐ DEL e te	3.1 TP		ļ		L Change	Addition
NAME			3.2 NA					
STREET ADDRESS				REET ADD	1			- 1
CITY-ST-ZIP		DELETE		ITY-ST-ZI	P		Change	Addition
TITLE		C Deceie	4.1 Til			•	L Change	☐ Addition
NAME			4.2 N					1
STREET ADDRESS				REET ADD				İ
TITLE		DELETE	5.1 TI	TY-ST-ZIF	<u> </u>		Change	Addition
NAME		C) VICE1E	5.2 NA				En ounde	C radiion
STREET ADDRESS				reet addi	DECC			
CITY-ST-ZIP				TY-ST-ZIP	}			}
TITLE		DELETE	6.1 TIT				Change	Addition
NAME			6.2 NA					
STREET ADDRESS			1	reet addf	RESS			
CITY-ST-ZIP				TY-ST-ZIP				ĺ

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 legat 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.

SIGNATURE:

Vacables Poples 41

3MAR 98

941-778-6995