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

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V07111

(0)

APEX AIRCONDITIONING & REFRIGERATION, INC.

Principal Place of Business Mailing Address)	
213W KENNEDY BLVD		213 W. KENNEDY BLVD. ORLANDO FL 32810					
ORLANDO FL 32810 US		US		DO NOT WRITE IN TH	HIS SPACE		
•		•••			3. Date Incorporated or Qualified		
					01/15/1992		
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	Applied For	
21		26		59-3103571	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, atc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Z(p	Country 25	Zip 29	Counti	У	 This corporation ewee ar has paid the Personal Property Tax due June 30. 	current year Intangible	
24 [25] [29] [3 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
I EV			В	Name			
LEWIS, LIONEL E. 4015 GALLAGHER LOOP CASSELBERRY FL 32707			<u> </u>	82 Street Address (P.O. Box Number is Not Acceptable)			
			B.	Street Address (P.O. Box Number is Not Acceptable)			
			8	83			
			8	•		85 Zip Code	
				4 City		EL 85 Zip Code	
SIGNATURE	m familiar with, and accept the oblig				lifed when reinstating) DA		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE	İ		Change Addition	
NAME	LEWIS, LIONEL E.		1.2 NAM				
STREET ADDRESS	4015 GALLAGHER LOOP		1.3 STRE	et address		•	
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY	***************************************		The same that the same and the	
TITLE	D	☐ DELETE	2.1 TITLE		4.4	Change Addition	
NAME	LEWIS, BRENDA M.		2.2 NAM	- 1	•		
STREET ADDRESS	4015 GALLAGHER LOOP		2.3 STRE	ET ADDRESS			
CITY-S1-ZIP	CASSELBERRY FL		2 4 City			Change Addition	
TITLE		☐ DELFTE	3 1 TITLE			CT CHANGE CT Addition	
NAME			3 2 NAM				
STREET ADDRESS				et address			
CITY-ST-ZIP		DELETE	3.4. CITY			Change Addition	
TITLE		□ Drire	4.1 TITLE			L'I onaille L'I vaditibit	
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY 5.1 TITLE			Change Addition	
TITLE			5.1 HHL			C cuendo C vocition	

14. It 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 of the receiver or hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or corporation of the corporation of the receiver or hystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Chapter 607, Florida Statutes.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Brenda n. Lewis 3/6/98 407-660-9644

Addition

FILED

Mar 11 1998 8:00am

Secretary of State