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FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11441

(5)

1. Corporate Name

HILLTOP AIR CONDITIONING, INC.



Principal Place of Business

Mailing Address

1228 N PINE HILLS DR
ORLANDO FL 32808
US

1228 N PINE HILLS RD
ORLANDO FL 32808-6231
US

3. Date Incorporated or Qualified

01/31/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 1318 Pine Hills Road

22 Suite, Apt. #, etc.

23 City & State

Orlando FL

24 Zip

32808

25 Country

US

2a. Mailing Address

26 1318 Pine Hills Road

27 Suite, Apt. #, etc.

28 City & State

Orlando FL

29 Zip

32808

30 Country

US

4. FEI Number

59-3106286

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

LUCE, PATRICK M.
1811 HILLTOP DR.
MT. DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

NAME

1.5 STREET ADDRESS

1.6 CITY - ST - ZIP

1.7 TITLE

NAME

1.8 STREET ADDRESS

1.9 CITY - ST - ZIP

1.10 TITLE

NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

NAME

1.17 STREET ADDRESS

1.18 CITY - ST - ZIP

1.19 TITLE

NAME

1.20 STREET ADDRESS

1.21 CITY - ST - ZIP

1.22 TITLE

NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME

1.2 STREET ADDRESS

1.3 CITY - ST - ZIP

1.4 TITLE

NAME

1.5 STREET ADDRESS

1.6 CITY - ST - ZIP

1.7 TITLE

NAME

1.8 STREET ADDRESS

1.9 CITY - ST - ZIP

1.10 TITLE

NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

NAME

1.14 STREET ADDRESS

1.15 CITY - ST - ZIP

1.16 TITLE

NAME

1.17 STREET ADDRESS

1.18 CITY - ST - ZIP

1.19 TITLE

NAME

1.20 STREET ADDRESS

1.21 CITY - ST - ZIP

1.22 TITLE

NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

NAME

☒ Change

☐ Addition

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☐ Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

Patrick M. Luce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97

DATE

407-521-8338

DAYTIME PHONE #

0089027

CR2E034 (9/96)