FILED

Feb 23, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57211

Corporation	n Name			
R.J. COLLINS AIR CONDITIONING, INC.				
Principal Place of Business Mailing Address				
1179 ROBIN KAY ROAD 1179 ROBIN KAY ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312				
US US				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				08/10/1992
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEl Number Applied For
21		Suite, Apt. #, etc.		65-0364428 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired Fee Required
22 27				6. Election Campaign Financing S5.00 May Be
23 28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax. ▼Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
COLLING DICHARD I				
COLLINS, RICHARD J			2.D. 82 Street Ad	"
MIAMI FL 33193 TALLAHASSEE, FL			83	- 00
***************************************	W 1 E 00 100	323/2		Please correct my
1			84 City	Please correct my acldress in Block 9
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named				acldress in block " Fed
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporat agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
	m tamiliai with, and accept the obligat	ilon i ,coco. too mondee, ilo anol.	da Statutes.	- Pank afou
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require				······································
12.		D DIRECTORS	13.	2.0 a Melling dillion
TITLE	DP	☐ DELETE	1.1 TITLE	Richard of College Bodillon
NAME	COLLINS, RICHARD J.		1.2 NAME	
STREET ADDRESS	1179 ROBIN KAY ROAD		1.3 STREET ADDRESS	1/12/49 ddition
CITY-ST-ZIP	TALLAHASSEE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	-\ \//2/49\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE	DV COLLINS, GLORIA J.		2.2 NAME	
NAME STREET ADDRESS	1179 ROBIN KAY ROAD		2.3 STREET ADDRESS	
	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	DS	☐ DELETE	3.1 TITLE	dition
NAME	GILLESPIE, TAMARA		3.2 NAME	
STREET ADDRESS	1179 ROBIN KAY ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3,4, CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, RAYMOND J.		4, 2 NAME	
STREET ADDRESS	1179 ROBIN KAY ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	U Shange — Addition
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		2	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 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.

6.4 CITY-ST-ZIP