## 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

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90011 028 \*\*\*150.00

Corporation	MENT # V65025 N HEATING PRODUCTS, IN						
Principal Place	e of Business	Mailing Address			T (BOT) Dirana etian arrit goira traac arri ar	TIS BIRES BIRES BIRES BI	1814 B1811 1881
12155 METRO PKWY #5 FT MYERS FL 33912 12155 METRO PKWY #5 FT MYERS FL 33912						UIO ODAGE	
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
0.0000000000000000000000000000000000000	land f Division	2- Mailing Address		<del>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</del>	09/16/1992 4. FEI Number	Ani	olied For
2. Principal Place of Business 2a. Mailing Address				65-0361290	<u> </u>	Applicable	
		Suite, Apt. #, etc.			_	\$8.75 A	
22 27		— — · · · ·			5. Certifcate of Status Desired	Fee Red	1
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
<b>_</b>		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	y	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	int Registered Agent		T	10. Name and Address of New Register	ed Agent	
A 453/	EDO DONALD		81	Name			
MEYERS, RONALD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
12155 METRO PARKWAY			_				
SUITE 5 FT. MYERS FL 33912			83	•			
F1. MTERS FL 33912			84	City		85 Zip C	ode
					oration submits this statement for the purpose	of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statute	the corporati	on's board of directors. I hereby accept the ap	pomunent as reg	jistered
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS		13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	P	☐ DELETE			7.0071701107011070110701107011070110701	Change	Addition
NAME	GRIFFIN, DOUGLAS		1 2 NAME	İ			
STREET ADDRESS	12155 METRO PKWY #5		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CITY-	ST-ZIP			
TITLE	VP	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	MEYERS, RONALD		2.2 NAME				
STREET ADDRESS	AGAME ANTERO DADIONAL OF		2.3 STREE	TADDRESS			
CITY-ST-ZIP	FT. MYERS FL		2. 4 CITY-	ST-ZIP			
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		Change	Addition
TITLE	DELETE		5.1 TITLE			Change	Madagon
NAMÉ			5.2 NAME	- 1			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	The second		5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
ΠΠΕ		☐ DELETÉ	6.2 NAME			onunge	
NAME			1	T ADDRESS			
STREET ADDRESS			6.4 CITY-				ļ
CITY, ST. 7ID			■ U.+ UII T-	J, 4-11			,

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.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED