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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORFORATIONS

DOCUMENT # 612318

(6)

ALASONS COMFORT SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED

Apr 23 1997 8:00am

Secretary of State

2575 EDISON AVE. JACKSONVILLE FL 32204		2575 EDISON AVE. JACKSONVILLE FL 32204	2575 EDISON AVE. JACKSONVILLE FL 32204-3037			
					3. Date Incorporated or Qualified 03/01/1979	3a, Date of Last Report 06/19/1996
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1887090	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip	Zip Country 29 30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
[24]	g. Name and Address of Cu		1001		10. Name and Address of New Reg	gistered Agent
PU I II	BAUGH, ALFRED A		1	Name		
17 HOPSON RD			-	32 Street Add	dress (P.O. Box Number is Not Acceptab	lo)
JAX, FL				olice(/ loc	ness (F.O. Bex Hamber 15 Het Floodplane	
3225			Ī	33		
			ļ	84 Cily		FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607, egistered agent, or both, in the S m familiar with, and accept the o	0502 and 607.1508, Florida Statu tate of Florida. Such change was bligations of, Section 607.0505, F	utes, the ab authorized forida Statu	ove-named cor by the corpora ites.	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered of the appointment as registered
SIGNATURE				,		DATE
	Signature, typed or printed hance of registere	d agent acid stile if applicable. (NC AND DIRECTORS	TI: Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	
12. TITLE	P	DELETE	1,17(1)	Ē.	ADDITIONS OF PRINCES TO OFFICE	Change Addition
NAME	BLUBAUGH, ALFRED A		1.2 NAI			
STREET ADDRESS	17 HOPSON RD			EET ADDRESS		
CITY-ST-ZIP	JAX, FL 00000			Y - S1 - ZIP		
TITLE	VP	DETETE	21111			Change Addition
NAME	BLUBAUGH, G		2.2 NA	vit-		
STREET ADDRESS	1909 UNIVERSITY BLVD #5	503	2 3 STF	EET ANDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.401	Y - ST - ZiP	Z45	
TITLE		☐ DELETE	3.1 117	.F		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-\$T-ZIP			3.4. CI	IY - \$T - ZIP		
TITLE		☐ DELETE	4.1 111	LE		Change Addition
NAME			4. 2 N/	M:		
STREET ADDRESS			4.3 ST	REFT ADDRESS		
CITY-ST-ZIP				Y-ST-ZiP		
TITLE		☐ DELETE	51 1 P	i i		Change Addition
NAME .			5.2 NA			
STREET ADORESS	lage to the second	4.5		REET ADDRESS		
CITY-ST-ZIP 3				Y-ST-ZIP		Change Addition
TITLE	The second secon	DECETE	6.1 TIT			LT Change LT Addition
NAME	1		6.2 NA			
STREET ADDRESS			B	REET ADDRESS		
CRTY-ST-ZIP			6.4 CIT	Y-ST-71F		

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