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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **732345** **(4)**

1. Corporation Name

AIR CONDITIONING CONTRACTORS ASSOCIATION OF NORT HWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
201 SOUTH "F" STREET PENSACOLA FL 32501	201 SOUTH "F" STREET PENSACOLA FL 32501

3. Date Incorporated or Qualified: 04/03/1975

4. FEI Number: 59-1602785 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GERESCHER, MICHAEL B
201 SOUTH "F" STREET
PENSACOLA FL 32501

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P	☐ Change ☐ Addition
NAME	BARNES, JOE		1.2 NAME	JACK MCCOMBS	
STREET ADDRESS	80 EAST MILE ROAD		1.3 STREET ADDRESS	P O BOX 3656	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	MILTON FL 32572	
TITLE	V	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	COMMANDER, ROGER		2.2 NAME	LEON WALLS	
STREET ADDRESS	625 NEW WARRINGTON ROAD		2.3 STREET ADDRESS	P O BOX 18830 N/K	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA FL 32523	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, DEWEY		3.2 NAME		
STREET ADDRESS	2110 WEST CERVANTES ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MONTAINA, ANDY		4.2 NAME		
STREET ADDRESS	P.O.BOX 1151 BIN 231		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	X D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, BOB		5.2 NAME		
STREET ADDRESS	P.O. BOX 3656 NA		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP		
TITLE	PAST PRESIDENT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAYO, BILL		6.2 NAME		
STREET ADDRESS	4129 NORTH DAVIE HWY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] **REQUIRED** 1/8/98 (860) 434-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #