1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90167 041 ****61.25

חחרו	IMENIT #	722245

1. Corporation Name

AIR CONDITIONING CONTRACTORS ASSOCIATION OF NORT HWEST FLORIDA, INC.

Principal Place of Business 201 SOUTH "F" STREET

Mailing Address

PENSACOLA FL 32501

201 SOUTH "F" STREET PENSACOLA FL 32501

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3. Date incorporated or Qualifed

2. Principal Pi	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
21		26		04/03/1975			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
22		27		59-1602785	Not Applicable		
City & State	•	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
23		28	Country				
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
24	25]		10	10. Name and Address of New Registere			
9. Name and Address of Current Registered Agent 81 Name Address of New Registered Agent							
OFFICA	MICHELE HOLDON						
GERESCHER, MICHAEL B			82 Street Addr	ress (P.Q. Box Number is Not Acceptable)			
201 SOUTH "F" STREET			83	J. F 21.			
PENSACC	LA FL 32501						
			84 City Vey	osacola F	L 85 Zip Code 32501		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its registered		
office or re	egistered agent, or both, in the State of m.familiar with, and accept the obligat	of Florida. Such change was aut	horized by the corporation	on's board of directors. I hereby accept the app	ointment as registered		
(William William and accept the political	iong of, Section ovv. 1999, Viole	oa otatutes.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATE			
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1,1 TITLE	Ρ	☐ Change		
NAME:	BARNES, JOE		1.2 NAME	iulian Smith ed	, ,		
STREET ADDRESS	80 EAST MILE ROAD		1.3 STREET ADDRESS 42	310 PUDAN max 10.			
CITY-ST-ZIP	PENSACOLA FL	_	1.4 CiTY-ST-ZIP	ensacola FL 32524	-		
TITLE	D	DELETE	2.1 TITLE) : ::	Change Addition		
NAME	WALLS, LEON	•	2.2 NAME	urnon mattern	*		
STREET ADDRESS	P.O. BOX 18830		2.3 STREET ADDRESS	122 Tippin Ave.			
CITY-ST-ZIP	PENSACOLA FL 32523		2.4 CITY-ST-ZIP	nsocola, FL 32514			
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change Addition		
NAME	MILLER, DEWEY		32 NAME	lenn Langan			
STREET ADDRESS	2110 WEST CERVANTES ST.		3.3 STREET ADDRESS	Energy Place			
CITY-ST-ZIP	PENSACOLA FL		3.4. CITY-ST-ZIP	onsocóla, FL 32520			
TITLE	D	X DELETE	41 mm s		☐ Change X Addition		
NAME	MONTAINA, ANDY	, ,	4.2 NAME	lary Balentine	-		
STREET ADDRESS	P.O.BOX 1151 BIN 231		4.3 STREET ADDRESS	es Palafox			
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	unsacola, FL 32501			
TITLE	V	☐ DELETE	5.1 TITLE		Change		
NAME .	COOPER, BOB		5.2 NAME BO	sh Cooper	•		
STREET ADDRESS	P.O. BOX 3656 NA		5.3 STREET ADDRESS D.C	o. Box 3lesle			
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP	ilton, FL 32572			
TITLE	P	DELETE	6.1 TITLE		Change Addition		
NAME	MAYO. BILL	/ 1	6.2 NAME		•		
STREET ADDRESS	4129 NORTH DAVIE HWY		6.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP	·	• •		

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 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 changes or on an attaphment with an address, with all other like empowered.

SIGNATURE:

2-16-99

(850) 434-7110