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Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004086 (2)  
1. Corporation Name  
NORTH FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
5292 JULINGTON CREEK RD JACKSONVILLE FL 32258 5292 JULINGTON CREEK RD JACKSONVILLE FL 32258-3467

3. Date Incorporated or Qualified 08/05/1996 3a. Date of Last Report

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
PETERSON, LATAIN  
5292 JULINGTON CREEK RD  
JACKSONVILLE FL 32258

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

12. OFFICERS AND DIRECTORS

TITLE	P	WILSON, FRANK S	1009 VINE ST JACKSONVILLE FL 32207	<input type="checkbox"/> DELETE
TITLE	DV	WATSON, WILLIAM III	3787 OLD MIDDLEBURG RD #2 JACKSONVILLE FL 32210	<input type="checkbox"/> DELETE
TITLE	S	GRIFFIN, J. DANIEL	1000 EDISON AVE JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE
TITLE	T	PIERSON, NANCY	2004 JONES RD JACKSONVILLE FL 32220	<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	BILL WATSON III	3787 OLD MIDDLEBURG RD. #2 JAX, FL. 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP-D	DAN GRIFFIN	1000 EDISON AVE JAX, FL. 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S-D	JOEY THIGPEN	4229 MAIN ST. JAX, FL 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	T-D	NANCY PIERSON	2004 JONES RD JAX, FL. 32220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: NANCY PIERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Nancy Pierson  
Date: 02/26/97

CR2E037 (9/96)