

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000010161 (7)**

1. Corporation Name

AIR-MAX HEATING & COOLING, INC.



Principal Place of Business

Mailing Address

3042 BRAVO COURT
ORANGE PARK FL 32065
US

118 MCVICKERS RD
MIDDLEBURG FL 32068
US

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **316 Parkridge Ave.**

26 **316 Parkridge Ave.**

4. FEI Number

59-3154720

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

Orange Park Florida

28 City & State

Orange Park, Florida

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

32065

25 County

Clay

29 Zip

32065

30 County

Clay

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

9. Name and Address of Current Registered Agent

TAYLOR, MICHAEL C
118 MCVICKERS ROAD
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1663 Pebblebeach Blvd.

83

84 City

Green Cove Springs FL

85 Zip Code

32043

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	TAYLOR, MICHAEL C	118 MCVICKER RD	MIDDLEBURG FL 32068	<input type="checkbox"/>
S	TAYLOR, DEBBIE I	118 MCVICKER RD	MIDDLEBURG FL 32068	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	1663 Pebblebeach Blvd.
1.4 CITY - ST - ZIP	Green Cove Springs FL 32043
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	1663 Pebblebeach Blvd.
2.4 CITY - ST - ZIP	Green Cove Springs, FL 32043
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Michael C Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

Date

270-4310

Daytime Phone #

CR2E-034 (12/95)