

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000040563 (4)

1. Corporation Name
ARMSTRONG AIR CONDITION & HEATING OF CENTRAL FLO
RIDA, INC.



Principal Place of Business
364 W. STORY ROAD
OCOE FL 34761

Mailing Address
364 W. STORY ROAD
OCOE FL 34761-3006

3. Date Incorporated or Qualified
05/13/1996

3a. Date of Last Report

2. Principal Place of Business
21 312 Maguire Rd.
Suite Apt. #, etc.

2a. Mailing Address
26 312 Maguire Rd.
Suite Apt. #, etc.

22 City & State
23 Ocoee, FL-34761

27 City & State
28 Ocoee, FL

24 34761 25 USA 29 34761 30 USA

4. FEI Number
59-3374032

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

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

9. Name and Address of Current Registered Agent
BRITTON, CATHI A
364 W. STORY ROAD
OCOE FL 34761

10. Name and Address of New Registered Agent

81 Name
PAUL L RICHARDS

82 Street Address (P.O. Box Number is Not Acceptable)
312 MAGUIRE RD EXT

83

84 City
OCOE FL 85 Zip Code
34761

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: *Paul L Richards* PAUL L. RICHARDS, PRESIDENT 4-10-97
Date

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | RICHARDS, PAUL | |
| STREET ADDRESS | 217 KILLINGTON STREET | |
| CITY - ST - ZIP | ORLANDO FL 32829 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BRITTON, RANDY | |
| STREET ADDRESS | 13244 LAKE BUTLER COURT | |
| CITY - ST - ZIP | WINTER GARDEN FL 34787 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | BRITTON, CATHI A | |
| STREET ADDRESS | 364 W. STORY ROAD | |
| CITY - ST - ZIP | OCOE FL 34761 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

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 in an attachment with an address.

SIGNATURE: *Paul L Richards* **NOT REQUIRED** 4-10-97 407325-2740
Date Daytime Phone #

CR2E034 (9/96)