

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061314 (6)
 1. Corporation Name
DON WILLIS AIR CONDITIONING, INCORPORATED



Principal Place of Business 2005 TREE FORK LANE LONGWOOD FL 32750	Mailing Address 2005 TREE FORK LANE LONGWOOD FL 32750-3533
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3. Date Incorporated or Qualified 07/22/1996	3a. Date of Last Report
4. FEI Number 59-339-6881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 2005 TREE FORK LANE Suite, Apt. #, etc.	22. #125	23. LONGWOOD, FL City & State	24. 32750 Zip	25. U.S.A. Country	26. Mailing Address 2005 TREE FORK LN. Suite, Apt. #, etc.	27. #125	28. LONGWOOD, FL. City & State	29. 32750 Zip	30. U.S.A. Country
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9. Name and Address of Current Registered Agent FOUNTAIN, DENNIS F 815 ORIENTA AVE, SUITE 5 ALTAMONTE SPRINGS FL 32701	10. Name and Address of New Registered Agent
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)
B3	B4 City
	B5 Zip Code FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, DONALD R	1.2 NAME	
STREET ADDRESS	2005 TREE FORK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYRE, HELEN	2.2 NAME	
STREET ADDRESS	2005 TREE FORK LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, PAULETTE	3.2 NAME	
STREET ADDRESS	2005 TREE FORK LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL 32750	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: **PAULETTE WILLIS** *Paulette Willis* Date: **4-10-97** Daytime Phone #: **407-260-1223**

CR2E034 (9/96)