

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

FILED  
Jan 30 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 # 527536 (7)  
1. Corporation Name  
ACCURATE AIR CONDITIONING AND MECHANICAL, INC.



Principal Place of Business Mailing Address  
3901 48TH AVENUE N. ST. PETERSBURG FL 33714-2907  
3901 48TH AVENUE N. ST. PETERSBURG FL 33714-2907

3. Date Incorporated or Qualified 03/10/1977  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 3800 47th AVE. N.  
22 Suite, Apt. #, etc.  
23 City & State St. Petersburg  
24 Zip 33714 25 Country Pinellas

2a. Mailing Address  
26 PO Box 10249  
27 Suite, Apt. #, etc.  
28 City & State St. Petersburg  
29 Zip 33733 30 Country PINELLAS

4. FEI Number 59-1724473  
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  
JONES, ROBERT I.  
3800 47TH AVE. NORTH  
ST. PETERSBURG FL

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	STD <input type="checkbox"/> DELETE
NAME	STONE, JEAN M
STREET ADDRESS	3800 47TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	JONES, ROBERT I
STREET ADDRESS	5388 58TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	JONES, CHARLES A.
STREET ADDRESS	5388 58TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
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 on an attachment with an address.

SIGNATURE: *Robert I. Jones* Robert I. Jones 1/24/97 813-522-0213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)