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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 237954 (3)

1. Corporation Name

GAINESVILLE CONDITIONED-AIR, INC.



Principal Place of Business

Mailing Address

1123 S E 4TH ST  
GAINESVILLE FL 32601

1123 S E 4TH ST  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

06/27/1960

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUBBS, MILTON W  
1224 NW 22ND STREET  
GAINESVILLE FL 32601

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME STUBBS, BETTY ROSE  
STREET ADDRESS 1224 NW 22ND ST  
CITY - ST - ZIP GAINESVILLE, FL 00000

TITLE V ☐ DELETE

NAME STUBBS, SCOTT NEAL  
STREET ADDRESS RT 1, BOX 156-H  
CITY - ST - ZIP HAWTHORNE FL

TITLE S ☐ DELETE

NAME FULLER, JUNE M  
STREET ADDRESS RT. 2, BOX 1685  
CITY - ST - ZIP WILLISTON, FL 00000

TITLE PT ☐ DELETE

NAME STUBBS, MILTON W  
STREET ADDRESS 1224 NW 22ND ST  
CITY - ST - ZIP GAINESVILLE, FL 00000

TITLE V ☐ DELETE

NAME STUBBS, MARK MILTON  
STREET ADDRESS 2276 NW 19TH LN  
CITY - ST - ZIP GAINESVILLE, FL 00000

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

(352) 376-4492

Daytime Phone #

CR2E034 (12/95)