

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

FILED

Apr 23 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 237954 (3)
1. Corporation Name
GAINESVILLE CONDITIONED-AIR, INC.



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| Principal Place of Business 1123 S E 4TH ST GAINESVILLE FL 32601 | Mailing Address 1123 S E 4TH ST GAINESVILLE FL 32601-9007 |
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|--------------------------------|------------------------|--|--|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/27/1960 | 3a. Date of Last Report 04/18/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 59-0904472 | | Applied For Not Applicable | |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 Country | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent STUBBS, MILTON W 1224 NW 22ND STREET GAINESVILLE FL 32601 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 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's signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|---|
| TITLE | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUBBS, BETTY ROSE | 1.2 NAME | |
| STREET ADDRESS | 1224 NW 22ND ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUBBS, SCOTT NEAL | 2.2 NAME | |
| STREET ADDRESS | RT 1, BOX 156-H | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAWTHORNE FL | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FULLER, JUNE M | 3.2 NAME | |
| STREET ADDRESS | RT. 2, BOX 1685 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WILISTON, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | PT | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUBBS, MILTON W | 4.2 NAME | |
| STREET ADDRESS | 1224 NW 22ND ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | V | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUBBS, MARK MILTON | 5.2 NAME | |
| STREET ADDRESS | 2276 NW 19TH LN | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | | 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 as an attachment with an address.

SIGNATURE: *[Signature]* CORP 352-376-4492

CR2E034 (9/96)