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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 22 1996 8:00 am  
Secretary of State

DOCUMENT # 322619 (8)

1. Corporation Name

LOCKE'S HEATING & AIR CONDITIONING, INC.

Principal Place of Business

700 BLOUNTSTOWN HWY  
TALLAHASSEE FL 32304

Mailing Address

700 BLOUNTSTOWN HWY  
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified  
10/31/1967

3a. Date of Last Report  
05/17/1995

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

LOCKE, LOUISE M.  
4304 ROCKINGHAM DR  
TALLAHASSEE FL 32303

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC ☐ DELETE  
NAME LOCKE, LOUISE  
STREET ADDRESS 4304 ROCKINGHAM RD  
CITY-ST-ZIP TALLAHASSEE, FL 0

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE AVP ☐ DELETE  
NAME JACOBS, JUANITA  
STREET ADDRESS 3705 BENTLEY DR  
CITY-ST-ZIP TALLAHASSEE, FL 00000

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AVP ☐ DELETE  
NAME LOCKE, ANTHONY  
STREET ADDRESS 3627 WOODHILL DR  
CITY-ST-ZIP TALLAHASSEE, FL 0

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST ☐ DELETE  
NAME PACKETT, JANET GRUVER  
STREET ADDRESS 916 MAPLEWOOD AVENUE  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME LOCKE, CHARLES  
STREET ADDRESS STAR ROUTE 1, BOX 5130  
CITY-ST-ZIP TALLAHASSEE, FL 0

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AST ☐ DELETE  
NAME OAKS, TOMMY L  
STREET ADDRESS P.O. BOX 5107  
CITY-ST-ZIP CRAWFORDVILLE FL

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 on an attachment with an address.

SIGNATURE: *Louise M. Locke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

Date

Daytime Phone #

CR2E034 (12/95)