

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

FILED

May 02 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 # **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 32304-2705
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/31/1967	3a. Date of Last Report 04/22/1996
		4. FEI Number 59-1173911	Applied For <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOCKE, LOUISE M. 4304 ROCKINGHAM DR TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name LOCKE, LOUISE M. 82 Street Address (P.O. Box Number is Not Acceptable) 707 RIVERVIEW ROAD 83 84 City CARRABELLE FL 85 Zip Code 32322
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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: Louise M. Locke Louise M. Locke 4/24/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LOCKE, LOUISE 4304 ROCKINGHAM RD TALLAHASSEE, FL 0 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PC LOCKE, LOUISE 707 RIVERVIEW ROAD CARRABELLE, FL 32322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP JACOBS, JUANITA 3705 BENTLEY DR TALLAHASSEE, FL 00000 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP LOCKE, ANTHONY 3827 WOODHILL DR TALLAHASSEE, FL 0 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PACKETT, JANET GRUVER 916 MAPLEWOOD AVENUE TALLAHASSEE FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ST PACKETT, JANET GRUVER 35 IRVIN LANGSTON ROAD CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOCKE, CHARLES STAR ROUTE 1, BOX 5130 TALLAHASSEE, FL 0 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP LOCKE, CHARLES 707 RIVERVIEW ROAD CARRABELLE, FL 32322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST OAKS, TOMMY L P.O. BOX 5107 CRAWFORDVILLE FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AST OAKS, TOMMY L 4 LESLIE ANNE STREET CRAWFORDVILLE, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 13 of the 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: Tommy Oaks Tommy Oaks 4/24/97 (904) 576-3196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)