

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 339362 (6)

1. Corporation Name

JACK STRICKLAND HEATING & AIR CONDITIONING CO.



Principal Place of Business

4531 APPLETON AVE
2041 HAMILTON AVE
JACKSONVILLE FL 32210
US

Mailing Address

4531 APPLETON AVE
2041 HAMILTON AVE
JACKSONVILLE FL 32210
US

2. Principal Place of Business

2a. Mailing Address

21 4531 Appleton Ave

26 4531 Appleton Ave

Subd, Apt, Rm, etc

Subd, Apt, Rm, etc

22

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City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

24 Zip 32210

25 Country USA

29 Zip 32210

30 Country USA

9. Name and Address of Current Registered Agent

STRICKLAND, JACKSON P., JR.
4531 APPLETON AVE
JACKSONVILLE FL 32210

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 607.02 and 607.15, Florida Statutes, the above named corporation hereby certifies that the purpose of changing its registered office or registered agent, or both, in the State of Florida, said 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 607.06, Florida Statutes.

SIGNATURE

Jackson P. Strickland Jr.

4-09-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] DELETE
PD	STRICKLAND, JACKSON P., J	7761 KNOLL DR., N.	JACKSONVILLE FL	
VT	STRICKLAND, WILLIAM O.	1540 JENMAR CT.	ORANGE PARK FL	
D	STRICKLAND, MICHAEL S.	1140 HAMILTON ST.	JACKSONVILLE FL	
S	STRICKLAND, ELIZABETH M.	4826 ULMER AVE.	JACKSONVILLE FL	
[] DELETE				
[] DELETE				
[] DELETE				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	[] Change	[] Addition
14 TITLE	14 NAME	14 STREET ADDRESS	14 CITY-STATE-ZIP		
15 TITLE	15 NAME	15 STREET ADDRESS	15 CITY-STATE-ZIP		
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14. I do hereby certify that the information supplied with this filing is voluntary, true and correct and does not contain any false or misleading information. 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 sole owner of the corporation provided for on 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: William O. Strickland *William O. Strickland* 040996

(904) 388-3507

CR2E034 (12/95)