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Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # 347788 (2)

1. Corporation Name
TRADITION CENTRAL AIR, INC.

Principal Place of Business	Mailing Address
~~1218 9TH STREET WEST~~ ~~BRADENTON FL 34205~~ ~~US~~	~~1218 9TH STREET WEST~~ ~~BRADENTON FL 34205~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1969

2. Principal Place of Business	2a. Mailing Address
21 890 34TH ST., N. W.	26 890 34TH ST., N. W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINTER HAVEN, FL.	City & State 28 WINTER HAVEN, FL.
Zip 24 33881 Country 25 USA	Zip 29 33881 Country 30 USA

4. FEI Number: 59-1261407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HARRISON, THOMAS W.~~ ~~1201 6TH AVE. W., 4TH FLOOR~~ ~~BRADENTON FL 34205~~	81 Name: DAVID WILCOX 82 Street Address (P.O. Box Number is Not Acceptable): 83 308 13TH ST. W. 84 City: BRADENTON FL 85 Zip Code: 34205

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: ~~Tim Revell~~ David Wilcox DAVID W. WILCOX 1-8-98
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, TIM		1.2 NAME		
STREET ADDRESS	4406 DOLPHIN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	~~WALKER, DOZIER~~		2.2 NAME	LONG, JEFF	
STREET ADDRESS	~~1110 2ND AVE EAST~~		2.3 STREET ADDRESS	10010 WAUCHULA RD.	
CITY-ST-ZIP	~~BRADENTON FL~~		2.4 CITY-ST-ZIP	MYAKKA CITY, FL 34251	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REVELL, SUE		3.2 NAME		
STREET ADDRESS	4406 DOLPHIN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	~~WHELESS, DARLEEN~~		4.2 NAME	LONG, DOUG	
STREET ADDRESS	~~2815 51ST ST W~~		4.3 STREET ADDRESS	1520 FIRST ST.	
CITY-ST-ZIP	~~BRADENTON FL~~		4.4 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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 on an attachment with an address.

SIGNATURE: ~~Tim Revell~~ TIM REVELL 1-8-98 941-299-2797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0446177