

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **354080** (4)

1. Corporation Name  
**ALL WEATHER HEATING & AIR CONDITIONING, INC.**



Principal Place of Business: **4681 HIGHWAY AVE JACKSONVILLE FL 32205**  
Mailing Address: **4681 HIGHWAY AVE JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified <b>10/20/1969</b>	3a. Date of Last Report <b>04/26/1995</b>
4. FEI Number <b>59-1274554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>HIGGINBOTHAM, BERT 4681 HWY. AVE. JACKSONVILLE FL 32205</del>				81 Name	<b>WAYNE A. WOLF</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>3733 University Blvd, West Suite 203</b>		
				83			
				84 City	<b>Jacksonville</b>	FL 85	Zip Code <b>32217</b>

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 607.0506, Florida Statutes.

SIGNATURE: *Wayne A. Wolf* DATE: **4/26/96**  
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	<del>RD</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HIGGINBOTHAM, BERT</del>	1.2 NAME	
STREET ADDRESS	<del>4681 HWY. AVE.</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>JACKSONVILLE FL</del>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<b>P.T.O</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, PHYLLIS K	2.2 NAME	
STREET ADDRESS	4681 HWY. AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	<del>S</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HIGGINBOTHAM, PHYLLIS K.</del>	3.2 NAME	<b>Wayne A. Wolf</b>
STREET ADDRESS	<del>4681 HWY. AVE.</del>	3.3 STREET ADDRESS	<b>3733 University Blvd, West Suite 203</b>
CITY - ST - ZIP	<del>JACKSONVILLE FL</del>	3.4 CITY - ST - ZIP	<b>Jacksonville, FL 32217</b>
TITLE	<del>F</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>HIGGINBOTHAM, BERT</del>	4.2 NAME	
STREET ADDRESS	<del>4681 HWY. AVE.</del>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<del>JACKSONVILLE FL</del>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Phyllis K. Higginbotham* DATE: **April 26, 1996** DAYTIME PHONE #: **904-988-1416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)