


FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90031 026 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 451136

1. Corporation Name

MCGOWAN'S HEATING & AIR CONDITIONING, INC.

Principal Place of Business

4850 COLLINS RD.
ORANGE PARK FL 32073

Mailing Address

4850 COLLINS RD.
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/29/1974 | |
| 21 | | 26 | | 4. FEI Number 59-1544069 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 22 | | 27 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 23 | | 28 | | | |
| Zip | Country | Zip | Country | | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

MCGOWAN, WADE S.
4850 COLLINS RD.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

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

Wade S. McGowan, President 1-19-99

| | | | |
|----------------------------|------------------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALL, TINA R. | 1.2 NAME | McGowan, Wade S. |
| STREET ADDRESS | 6246 MERCADO DR. | 1.3 STREET ADDRESS | 4850 COLLINS RD. |
| CITY-ST-ZIP | ORANGE PARK FL 32210 | 1.4 CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | S <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARMONAS, TINA R. | 2.2 NAME | Hall, Tina R. |
| STREET ADDRESS | 2809 SYNGOFF DRIVE | 2.3 STREET ADDRESS | 4850 COLLINS RD. |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | 2.4 CITY-ST-ZIP | ORANGE PARK, FL 32073 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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, with all other like empowered.

SIGNATURE: *Wade S. McGowan* **Wade S. McGowan** 1-19-99 904-278-0339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)