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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 475553

(4)

FILED May 05 1997 8:00am Secretary of State

A-1 AIR CONDITIONING, INC. Principal Place of Business Mailing Address 3375 HIGHWAY 98 SOUTH LAKELAND FL 33802 P.O. BOX 1196 EATON PARK FL 33840-1196				······································			
					 Date Incorporated or Qualifie 06/01/1975 	d 3a. Date of Last 05/01/1996	
	Place of Business	2a. Mailing Address		- <u></u>	4. FEI Number		Applied For
1 145. Suite, Apt	3 42nd St. NW	26 1453 42		NW	59-1593591		Not Applicable
Suite, Apr.	. #, etc	Suite, Apt. #, etc	•		5. Certificate of Status Desired	1 1 7 1	5 Additional Regulred
City & Stal	ter Haven, FL	City & State Winter	Haven,	FL	Election Campaign Financing Trust Fund Contribution	\$5.0	May Be
Z _{(j})	Country	Zip	Cour		8. This corporation has liability f		
^{Zφ} 3388	81 25 Polk	29 33881	30 E	olk	Florida Statutes	Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered Agent	
NOL	en, John			81 Name			
	3 42ND STREET		1	B2 Street Ac	Idress (P.O. Box Number is Not Accep	otable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
WIN	TER HAVEN FL 33881						
				83			
			ŀ	84 City		- 85 Z	p Code
			1			FLII	•
agent. La	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	linations of Section 607 050					
	Signature, typed or printed name of registered a	agen: and tile if applicable.	(NOTE Registered		quited when reinstating)	DATE	
12.	OFFICERS A	agent and title if applicable.	(NOTE Registered	Agent signature rec		DATE FICERS AND DIRECT	ORS IN 12
12. TITLE	OFFICERS A	agen: and tile if applicable.	(NOTE Registered	Agent signature red	quited when reinstating)	DATE	ORS IN 12
12. BITLE NAME	OFFICERS A PS NOLEN, JOHN	agent and title if applicable.	(NOTE Registered 13. 1.1 TT 1.2 NAI	Agent signature red LE ME	quited when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
12. NITLE NAME STREET ADDRESS	OFFICERS A PS NOLEN, JOHN 1453 42ND STREET N.W.	agent and title if applicable.	(NOTE Registered 13. 1.1 PT 1.2 NAI 1.3 STF	Agent signature rec LE ME REET ADDRESS	quited when reinstating)	DATE FICERS AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS A PS NOLEN, JOHN 1453 42ND STREET N.W. WINTER HAVEN FL 33881	egen: and tills if applicable NO DIRECTORS DELETI	(NOTE Registered 13. 1.1 PT 1.2 NAI 1.3 STF 1.4 CIT	Agent signature red LE ME REET ADDRESS Y-ST-ZIP	quited when reinstating)	DATE FICERS AND DIRECTI Chang	ORS IN 12 e Addition
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nor nereby 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 employered 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:

DIGNATURE REQUIRE!