

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **555385** (4)

1. Corporation Name

KINNEY'S AIR CONDITIONING & HEATING, INC.



Principal Place of Business: **409 NORTH 13TH ST. LEESBURG FL 34748**
Mailing Address: **409 NORTH 13TH ST. LEESBURG FL 34748**

3. Date Incorporated or Qualified: **12/05/1977**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1695035**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent
**BROWN, PAULA KINNEY
409 N 13TH ST
LEESBURG FL 32748**

10. Name and Address of New Registered Agent (81-85)
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAULA KINNEY	1.2 NAME	
STREET ADDRESS	409 N 13TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, CURTIS W	2.2 NAME	
STREET ADDRESS	409 N 13TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, JOAN G	3.2 NAME	
STREET ADDRESS	409 N 13TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNIARD, BOBBY J	4.2 NAME	
STREET ADDRESS	409 N 13TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GARY E.	5.2 NAME	
STREET ADDRESS	409 N 13TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	
TITLE		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: *Paula Kinney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAULA KINNEY

4/17/96 352-728-2665
Duplicating Phone

CR2E034 (12/95)