

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34748-4968
--	---

3. Date Incorporated or Qualified 12/05/1977	3a. Date of Last Report 04/22/1996
4. FEI Number 59-1695035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
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 Name ALVE H. KRIETEMEYER, JR
82 Street Address (P.O. Box Number is Not Acceptable) 409 N 13th STREET
83
84 City LEESBURG
85 Zip Code FL 34748

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]* **ALVE H. KRIETEMEYER JR** 4-8-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BROWN, PAULA KINNEY	
STREET ADDRESS	409 N 13TH STREET	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, CURTIS W	
STREET ADDRESS	409 N 13TH STREET	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KINNEY, JOAN G	
STREET ADDRESS	409 N 13TH STREET	
CITY-ST-ZIP	LEESBURG, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, GARY E.	
STREET ADDRESS	409 N 13TH ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Paula Kinney	
1.3 STREET ADDRESS	409 N 13th STREET	
1.4 CITY-ST-ZIP	LEESBURG, FL 34748	
2.1 TITLE	PSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KRIETEMEYER, ALVE H (JR)	
2.3 STREET ADDRESS	409 N 13th STREET	
2.4 CITY-ST-ZIP	LEESBURG, FL 34748	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* **ALVE H. KRIETEMEYER** 4-8-96 (352) 728-2045
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)