


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

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 612318 ✓ 1. Corporation Name Alasons Comfort Systems, Inc.		99 JUL 30 AM 11:59 RECEIVED FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2575 Edison Avenue Jacksonville, FL 32204		Mailing Address 2575 Edison Avenue Jacksonville, FL 32204	
2. Principal Place of Business 21 2575 Edison Avenue		2a. Mailing Address 26 2575 Edison Avenue	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Jacksonville, FL		City & State 28 Jacksonville, FL	
Zip 24 32204		Zip 29 32204	
Country 25 Duval		Country 30 Duval	
9. Name and Address of Current Registered Agent Delete old Registered Agent		10. Name and Address of New Registered Agent 81 Name Bruce J. Fletcher, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 200 East Forsyth Street 83 84 City Jacksonville FL 85 Zip Code 32202	
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 Bruce J. Fletcher, Esq. 7/21/99 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete all old officers and directors		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President/Director 1.2 NAME Forrest Tucker 1.3 STREET ADDRESS 2575 Edison Avenue 1.4 CITY-ST-ZIP Jacksonville, FL 32204 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 200002955402--7 2.4 CITY-ST-ZIP -08/10/99--01029--006 3.1 TITLE *****61-25 *****61-25 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Forrest Tucker

7/22/99 389-4751

CR2E034 (11/98)