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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 27 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 616747

(2)

DAVID WILKES AIR CONDITIONING, INC.

Principal Plac	e of Business	Mailing Address								
6110 126TH AVENUE LARGO FL 34643 US		6110 126TH AVENUE NORTH LARGO FL 33773-1854 US								
							 Date Incorporated or Qualified 04/02/1979 		ate of Last R 01/1996	teport
2. Principal P	lace of Business	2a. Mailing Address 26					4. FEI Number 59-1902083			pplied For ot Applicable
Suite Apt	# etc	Suite, Apt. #, etc.			***************************************		Certificate of Status Desired		\$8.75	Additional equired
City & Stat	е	City & State					6. Election Campaign Financing		\$5.00	May Be
23 Zip	Country	Ζιρ	_	untry			Trust Fund Contribution 8. This corporation has liability for i		e tax under s	to Fees s. 199.032,
24	25	29	30			1		Yes		
4.000.4	9. Name and Address of Current	Registered Agent		81	Name		10. Name and Address of New Re	gistered	Agent	
	, Carol A. 126th Avenue North			82			s (P.O. Box Number is Not Acceptab	1-1		
	30 FL 34643					Addres	s (F.O. Box Number is Not Acceptab	——————————————————————————————————————		
				B3						
				84	City			FL	85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607 0502 egistered agent, or both, in the State c im familiar with, and accept the obligat	and 607.1508, Florida Sta f Florida Such change wa ions of, Section 607.0505.	itutes, the a as authorize Florida Sta	above ed by atutes	e-named / the corp s.	corpor	ation submits this statement for the p o's board of directors. I hereby accep	urpose o	f changing it sointment as	ts registered registered
SIGNATURE.	Signature, typed or per tree name of negistered agent						· · · · · · · · · · · · · · · · · · ·			
12,	Signature, typicit or portion name of nigsstered agent OFFICERS AND		13.		ent signature	required	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	O DIRECTOR	3S IN 12
TITLE	PC	☐ DELETE		TITLE		,			Change	Addition
NAME	KERNER, JOHN E.		1.2	NAME						
STREET ADDRESS	141 WILLIAM RICHMOND		13	STREET	ADDRESS					
CITY - ST - 7IP	WILLIAMSBURG VA			CITY - S	T-ZIP					
TITLE	ST Kirk, Carol A.	☐ DELETE		TITLE					Change	Addition
NAME STREET ADORESS	6110 126TH AVENUE NORTH			NAME STREET	ADDRESS					
CHTY - ST - ZIP	LARGO FL		1		ST-ZIP					
TITLE		DELETE		TITLE	J. F.				Change	Addition
NAME			32	NAME						
STREET ADDRESS			33	STREET	ADDRESS					
CITY-ST-7/P					ST-ZIP	··	***************************************			
1)flE		☐ DELETE	1	TITLE					☐ Change	☐ Addition
NAME				NAME						
STREET ADORESS					ADDRESS					
CITY-ST-7IP TITLE		DELETE		CITY - S	T-ZIP				Change	Addition
NAME		DLLLIC	4	TITLE Name					Unange	L AUGILION
STREET ADDRESS			1		ADDRESS					
CITY - ST - ZIP				CITY-S						
TITLE		DELETE		TITLE	11-74				Change	Addition
NAME				NAME						
STREET ADDRESS			1		ADDRESS					

14. I do hereby certify that the information supplied with this filling 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 anged, or on an attachment with an address.