

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90152 029 ***150.00

DOCUMENT # 676631

1. Entity Name

GABLES AIR CONDITIONING, INC.

Principal Place of Business

Mailing Address

**4600 SW 75TH AVENUE
 MIAMI FL 33155
 US**

**4600 SW 75TH AVENUE
 MIAMI FL 33155-4466
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2014913

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAEZ, PEDRO P.
 999 PONCE DE LEON BLVD
 SUITE 33134
 CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input type="checkbox"/> Delete
NAME	THOMPSON, CYRUS W	XXX
STREET ADDRESS	5918 MALL STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	CEO	XXX Delete
NAME	THOMPSON, CYRUS W	
STREET ADDRESS	5918 MALL STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, KENNETH E	XXX
STREET ADDRESS	6101 ROLLING ROAD DR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	XXX Delete
NAME	THOMPSON, GENEVA	
STREET ADDRESS	5918 MALL STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	ST	XXX Delete
NAME	THOMPSON, JOYCE	
STREET ADDRESS	5918 MALL STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman & CEO	<input type="checkbox"/> Change XXX Addition
NAME	John W. Norris, Jr.	
STREET ADDRESS	Lennox Industries, 2100 Lake Park Blvd.	
CITY-ST-ZIP	Richardson, TX 75080	
TITLE	President & COO	<input type="checkbox"/> Change XXX Addition
NAME	Robert E. Schjerven	
STREET ADDRESS	Lennox Industries, 2100 Lake Park Blvd.	
CITY-ST-ZIP	Richardson, TX 75080	
TITLE	Executive VP & Treasurer	<input type="checkbox"/> Change XXX Addition
NAME	Clyde Wyant	
STREET ADDRESS	Lennox Industries, 2100 Lake Park Blvd.	
CITY-ST-ZIP	Richardson, TX 75080	
TITLE	Secretary	<input type="checkbox"/> Change XXX Addition
NAME	Carl E. Edwards, Jr.	
STREET ADDRESS	Lennox Industries, 2100 Lake Park Blvd.	
CITY-ST-ZIP	Richardson, TX 75080	
TITLE	Asst. Secretary	<input type="checkbox"/> Change XXX Addition
NAME	Anne W. Teeling	
STREET ADDRESS	Lennox Industries, 2100 Lake Park Blvd.	
CITY-ST-ZIP	Richardson, TX 75080	
TITLE	Vice President	<input type="checkbox"/> Change XXX Addition
NAME	Kenneth E. Thompson	
STREET ADDRESS	6101 Rolling Road Drive	
CITY-ST-ZIP	Miami FL 33156	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Kenneth E. Thompson
 Kenneth E. Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

Daytime Phone #

CR2E034 (9/99)