

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 710681 (8)

1. Corporation Name

JACKSONVILLE AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 40107
JACKSONVILLE FL 32203

P.O. BOX 40107
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified
01/12/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, LATAIN
5292 JULINGTON CREEK ROAD
JACKSONVILLE FL 32258

81 Name

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

83

84 City

700001851337

-06/05/96--01021--031

***61.25

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MALLET, RON
4505 MARGUETTE AVE.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
WILSON, FRANK
1009 VINE ST.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
WATSON, BILL III
3787 OLD MIDDLEBURG RD. #2
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
GRIFFIN, JAMES D. J
3787 OLD MIDDLEBURG RD. #2
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BENTLEY, JOHN
6593-20 POWER AVE.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
PIERSON, NANCY
P.O. BOX 10234
JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PD
FRANK WILSON
1009 VINE ST.
JAX FL. 32207

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VP
BILL WATSON III
3787 OLD MIDDLEBURG RD #2
JAX FL 32210

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

SD
DAN GRIFFIN
1000 EDISON AVE.
JAX FL. 32204

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TD
NANCY PIERSON
P.O. BOX 10234 NA
JAX FL. 32247

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

D
JOHN BENTLEY
2576 EDISON AVE
JAX FL. 32204

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

P
BILL DONOVAN
3156th AVE 50
JAX BCH, FL. 32250

☒ Change ☐ Addition

511
PW

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LATAIN H. PETERSON 4/16/96 (904) 260-0392

CR2E037 (12/95)