2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: James J. Scrug S SIGNATURE AND TYPED OR PRINTED NAME OF

Jul 02, 2004 8:00 am Secretary of State **DOCUMENT # F00000005454** 07-02-2004 90002 021 ***158 75 \$ & K AIR CONDITIONING CO., INC. Principal Place of Business Mailing Address 1810 EAST PARK AVENUE P.O. BOX 4270 54059633 VALDOSTA, GA 31602 VALDOSTA, GA 31604-4270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 58-2178210 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing . FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change Addition ☐ Delete SCRUGGS, JAMES J NAME NAME 1810 EAST PARK AVENUE STREET ADDRESS STREET ADDRESS VALDOSTA, GA 31602 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SCRUGGS; JULIA E NAME NAME 1810 EAST PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALDOSTA; GA 31602 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HOWELL, KIM NAME NAME 1810 EAST PARK AVENUE STREET ADDRESS STREET ADDRESS VALDOSTA, GA 31602 CITY-ST-ZIP CITY-ST-ZIP TITLE VAS ☐ Delete TITLE Change ☐ Addition BEITTENMILLER, J. GORDON NAME 777 POST OAK BLVD, SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP Change ☐ Addition VASD ☐ Delete TITLE TITLE NAME GEORGE, WILLIAM NAME 777 POST OAK BLVD, SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77056 CITY-ST-ZIP Delete Change Addition TITLE TITLE HONEYCUTT, MILBURN 777 POST OAK BLVD, SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77056 CITY-ST-7IP 12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

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