

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

FILED
Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000003722 (5)
 1. Corporation Name
CONSOLIDATED AIR CONDITIONING, INC.



Principal Place of Business: P.O. BOX 9189 MOBILE AL 36691
 Mailing Address: P.O. BOX 9189 MOBILE AL 36691-0189

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 07/15/1994 | 02/01/1996 |
| 22 | City & State | 27 | City & State | 4. FEI Number | Applied For / Not Applicable |
| 23 | Zip | 28 | Zip | 63-0479716 | |
| 24 | Country | 29 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | | 30 | | <input type="checkbox"/> | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | | <input type="checkbox"/> | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|-----------------------------------------------------------------|--|--|--|-------------------------------------------------------|------------------------|-------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LAMBERT, ALLEN J 3700-1 CREIGHTON ROAD PENSACOLA FL 32504 | | | | 81 Name | Jimmy Mark Nicholson | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 103-B Nightingale Lane | | |
| | | | | 83 | Gulf Breeze, FL 32562 | | |
| | | | | 84 City | FL | 85 Zip Code | |

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: *Jimmy Mark Nicholson*
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

| | | | | | | | |
|----------------------------|------------------------|---------------------------------|--------------------|-------------------------------------------------------|-----------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | CP | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | JONES, LEO C JR. | | 1.2 NAME | | | | |
| STREET ADDRESS | 9495 SUNNY COVE ROAD | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | BELLEFONTAINE AL 36582 | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | DV | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | JONES, WALLACE E | | 2.2 NAME | | | | |
| STREET ADDRESS | 11251 ANN ROAD | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | THEODORE AL 36582 | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | |

14. I do 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.

SIGNATURE: *Leo C Jones Jr* 1/27/97 1224 VIL 5208

CR2E034 (9/96)