

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/88: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0114395

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000006302 (1)

1. Corporation Name
 CUSTOM AIR CONDITIONING, INC.



Principal Place of Business
 1134 MURFREESBORO RD.
 NASHVILLE TN 37217

Mailing Address
 1134 MURFREESBORO RD.
 NASHVILLE TN 37217

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 840 Jupiter Park Drive

2a. Mailing Address
 26 P.O. Box 1835

22 #110
 City & State
 23 Jupiter, FL

27
 City & State
 28 Jupiter, FL

24 33458 Country
 25 USA

29 33468 Country
 30 USA

3. Date Incorporated or Qualified
 12/04/1996

4. FEI Number
 APPLIED FOR 62-1662334 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIELBECK, ALAN R	
STREET ADDRESS	1134 MURFREESBORO RD.	
CITY-ST-ZIP	NASHVILLE TN 37217	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ANTHONY	
STREET ADDRESS	1134 MURFREESBORO RD.	
CITY-ST-ZIP	NASHVILLE TN 37217	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Phillips, Virginia	
1.3 STREET ADDRESS	840 Jupiter Park Drive, #110	
1.4 CITY-ST-ZIP	Jupiter, FL 33458	
2.1 TITLE	Secretary and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Schofield, Anthony	
2.3 STREET ADDRESS	Six Cadillac Drive, Suite 400	
2.4 CITY-ST-ZIP	Brentwood, TN 37027	
3.1 TITLE	Consultant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Selman, Lou	
3.3 STREET ADDRESS	840 Jupiter Park Drive, #110	
3.4 CITY-ST-ZIP	Jupiter, FL 33458	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sielbeck, Alan	
4.3 STREET ADDRESS	Six Cadillac Drive, Suite 400	
4.4 CITY-ST-ZIP	Brentwood, TN 37027	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.073(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: *Virginia L Phillips* *Virginia L Phillips* 7-30-98

CR2E034 (5/98)