

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

Suite, Apt. #, etc.

22 #110

City & State

23 Jupiter, FL

Zip

24 33458

Country

25 USA

2a. Mailing Address

26 P.O. Box 1835

Suite, Apt. #, etc.

27

City & State

28 Jupiter, FL

Zip

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

☐

\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SIELBECK, ALAN R  
STREET ADDRESS 1134 MURFREESBORO RD.  
CITY-ST-ZIP NASHVILLE TN 37217

TITLE SD ☐ DELETE

NAME SCHOFIELD, ANTHONY  
STREET ADDRESS 1134 MURFREESBORO RD.  
CITY-ST-ZIP NASHVILLE TN 37217

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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

Virginia L Phillips  
7-30-98

CR2E034 (5/98)