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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000006302

1. Corporation Name
CUSTOM AIR CONDITIONING, INC.

Principal Place of Business
840 JUPITER PARK DR #110 JUPITER FL 33458 US

Mailing Address
P O BOX 1835 JUPITER FL 33468 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1996

4. FEI Number
62-1662334

Applied For
 Not Applicable

2. Principal Place of Business
 21

2a. Mailing Address
 26

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

City & State
 23

City & State
 28

Zip Country
 24 25

Zip Country
 29 30

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **PHILLIPS, VIRGINIA**
 STREET ADDRESS **840 JUPITER PARK DR, #110**
 CITY-ST-ZIP **JUPITER FL 33458**

1.1 TITLE **V** Change Addition
 NAME **Taylor III, Alfred W.**
 STREET ADDRESS **Six Cadillac Drive, Suite 400**
 CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **SD** DELETE
 NAME **SCHOFIELD, ANTHONY**
 STREET ADDRESS **SIX CADILLAC DR, STE 400**
 CITY-ST-ZIP **BRENTWOOD TN 37027**

2.1 TITLE **V** Change Addition
 NAME **Laderman, Louis N.**
 STREET ADDRESS **Six Cadillac Drive, Suite 400**
 CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **C** DELETE
 NAME **SELMAN, LOU**
 STREET ADDRESS **840 JUPITER PARK DR, #110**
 CITY-ST-ZIP **JUPITER FL 33458**

3.1 TITLE **S** Change Addition
 NAME **Triplett, C.E.**
 STREET ADDRESS **Six Cadillac Drive, Suite 400**
 CITY-ST-ZIP **Brentwood, TN 37027**

TITLE **D** DELETE
 NAME **SIELBECK, ALAN**
 STREET ADDRESS **SIX CADILLAC DR, STE 400**
 CITY-ST-ZIP **BRENTWOOD TN 37027**

4.1 TITLE **DV** Change Addition
 NAME **Sielbeck, Alan**
 STREET ADDRESS **Six Cadillac Drive, Suite 400**
 CITY-ST-ZIP **Brentwood, TN 37027**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Virginia Phillips* 1-20-99 561-7477869
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)