

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 002 ***150.00

DOCUMENT # **F97000004042** ^{OK}

1. Corporation Name

Mid Fla Heating and Air, Inc.

Principal Place of Business

Mailing Address

**6201 N.W. 123rd Place
Gainesville, FL 32653**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
August 1, 1997

4. FEI Number

62-1706787

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 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

**CT Corporation System
1200 South Pine Island Rd.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kevin Lyons	
1.3 STREET ADDRESS	6201 N.W. 123rd Place	
1.4 CITY-ST-ZIP	Gainesville, FL 32653	
2.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alan R. Sielbeck	
2.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400	
2.4 CITY-ST-ZIP	Brentwood, TN 37027	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alfred W. Taylor, III	
3.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400	
3.4 CITY-ST-ZIP	Brentwood, TN 37027	
4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Louis Laderman	
4.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400	
4.4 CITY-ST-ZIP	Brentwood, TN 37027	
5.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony M. Schofield	
5.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400	
5.4 CITY-ST-ZIP	Brentwood, TN 37027	
6.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	C.E. Triplett	
6.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400	
6.4 CITY-ST-ZIP	Brentwood, TN 37027	

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.E. Triplett

Date

4-1-99 (615) 371-9990

Daytime Phone #

CR2E034 (11/98)