

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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 011 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004240 ✓

1. Corporation Name
PIEDMONT FAN DYNAMICS INC.

Principal Place of Business 2909 GULF OT BAY BLVD., #D203 CLEARWATER FL 33759	Mailing Address 2909 GULF OT BAY BLVD., #D203 CLEARWATER FL 33759
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19029 US Highway 19 N Suite, Apt. #, etc.		2a. Mailing Address 26 19029 US Highway 19 N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/24/1998		4. FEI Number 56-1858268		Applied For Not Applicable	
22 City & State 23 Clearwater, FL		27 City & State 28 Clearwater, FL		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 33764 25		29 33764 30		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

HEAD, THOMAS E
2909 GULF OT BAY BLVD., #D203
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
19029 US HIGHWAY 19 N
83
84 City
Clearwater FL 85 Zip Code
33764

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	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, THOMAS E	1.2 NAME	
STREET ADDRESS	2909 GULF OT BAY BLVD., #D203	1.3 STREET ADDRESS	19029 US HIGHWAY 19 N
CITY-ST-ZIP	CLEARWATER FL 33759	1.4 CITY-ST-ZIP	Clearwater, FL 33764
TITLE	WST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, DORA L	2.2 NAME	
STREET ADDRESS	1700 NATCHEZ TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC 33759	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 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: Thomas E. Head SIGNATURE REQUIRED: THOMAS E. HEAD 1/12/99 (727) 669-6043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)