

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

FILED

Mar 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G21554** (2)

1. Corporation Name  
**E & E GLIDDON AIR CONDITIONING, INC.**



Principal Place of Business Mailing Address  
**C/O EDWARD JOHN EHRENKONIG**  
**2600 53RD AVENUE NO.**  
**ST. PETERSBURG FL 33714**

3. Date Incorporated or Qualified **01/27/1983** 3a. Date of Last Report **04/29/1996**  
4. FEI Number **59-2264854** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. State, Apt. #, etc. 26. State, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EHRENKONIG, EDWARD JOHN**  
**1045 28TH AVENUE NORTH**  
**ST. PETERSBURG FL 33704**

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 charging 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, and I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signatures of principal place of business or registered agent and FEI, if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EHRENKONIG, EDWARD JOHN</b>	12. NAME	
STREET ADDRESS	<b>1045 28TH AVENUE NO.</b>	13. STREET ADDRESS	
CITY- ST- ZIP	<b>ST. PETERSBURG FL</b>	14. CITY- ST- ZIP	<b>ZIP 33704</b>
TITLE	DV <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EHRENKONIG, JOYCE KAY</b>	22. NAME	
STREET ADDRESS	<b>1045 28TH AVENUE NO.</b>	23. STREET ADDRESS	
CITY- ST- ZIP	<b>ST. PETERSBURG FL</b>	24. CITY- ST- ZIP	<b>ZIP 33704</b>
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY- ST- ZIP		34. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do 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: *Joyce K. Ehrenkonic* / **JOYCE K. EHRENKONIG** 03/17/97 813-527-1357  
DATE DAYTIME PHONE #  
SIGNATURE TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)