

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT-  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G25206 (5)

1. Corporation Name  
MCCALL CENTRAL AIR CONDITIONING, INC.

Principal Place of Business

2690 ROSSELLE ST  
JACKSONVILLE FL 32204

Mailing Address

2690 ROSSELLE ST  
JACKSONVILLE FL 32204

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 21 AM 9:07



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.  
4655 SALISBURY RD., SUITE 390  
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

02/23/1983

3a. Date of Last Report

02/01/1996

4. FEI Number

59-2268120

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

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 ☐ DELETE

NAME  
ROUNTREE, RONALD  
STREET ADDRESS  
4514 CROSSTIE RD N  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☒ DELETE

NAME  
COOKSEY, J. BRYAN, JR.  
STREET ADDRESS  
11908 MANDARIN RD  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
ROUNTREE, HARLEY L, SR  
STREET ADDRESS  
1216 LILA ST  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
ROUNTREE, HARLEY, L, JR  
STREET ADDRESS  
1840 MALLORY ST  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
BATTINELLI, ROBERT  
STREET ADDRESS  
1550 CARLOTTA RD W  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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\*\*\*\*165.00 \*\*\*\*165.00

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

dec 7/1/93

7/15/97

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