

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G53966** (9)
1. Corporation Name
MID FLA HEATING AND AIR, INC.



Principal Place of Business Mailing Address
LOT 4 MCGINNLEY INDUSTRIAL PARK
P.O. BOX 1375
ALACHUA FL 32615

3. Date Incorporated or Qualified **08/12/1983** 3a. Date of Last Report **08/22/1995**
4. FEI Number **59-2446589** 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 **6201 NW 123rd Place** 26 **PO Box 1375**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **Gainesville FL** 27 **Alachua FL**
City & State City & State
23 **32653** 24 **Alachua** 25 **32615** 26 **Alachua**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
LYONS, KEVIN D.
SARA LANE, SHAW FARMS
ALACHUA FL 32615

10. Name and Address of New Registered Agent
81 Name **address change**
82 Street Address (P.O. Box Number is Not Acceptable) **234 Turkey Creek**
83 **Alachua**
City **FL** 84 Zip Code **32615**

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 **Kevin D. Lyons, President - no change** 8-1-96
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when renewing) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|---------------------------------|--|---|--|-----------------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE | | 11 TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | LYONS, KEVIN D | | | 12 NAME | | | |
| STREET ADDRESS | SARA LANE, SHAW FARMS | | | 13 STREET ADDRESS | | | |
| CITY - ST - ZIP | ALACHUA FL | | | 14 CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 21 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | | 22 NAME | | | |
| STREET ADDRESS | | | | 23 STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | 24 CITY - ST - ZIP | | | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** 8-1-96 9014625431
Signature and typed or printed name of signing officer or director Date

CR2E034 (3/96)