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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G53966

(9)

MID FLA HEATING AND AIR, INC.

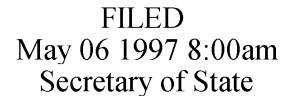
Principal Place of Business 8201 N.W. 123RD PLACE GAINESVILLE FL 32653

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P. O. BOX 1375 N/A ALACHUA FL 32616-1375





3a. Date of Last Report

Applied For

08/06/1996

3. Date Incorporated or Qualified

08/12/1983

4. FEI Number

21 26					59-2446589	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Di Continoato di Ciatto Decordo	Fee Required
		City & State	& State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Ziri	-7"-5		Trust Fund Contribution	Added to Fees
24	25	Zip	Country		8. This corporation has liability for intant	S
24	9. Name and Address of Cur	29	[30]		f lorida Statutos	s No
LYONS, KEVIN D. 234 TURKEY CREEK				Namo	TV. Hallis and Address of New Yogiste	TOO Agoill
ALACHUA FL 32815			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83			
ļ			<u> </u>			
			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 injent and title if applicable. (NOTE Registered Agent signature required when reinstating). (DATE						
12.	DP OFFICERS	AND DIRECTORS DELETE	13,		ADDITIONS/CHANGES TO OFFICERS	
NAME	LYONS, KEVIN D	E3 Decemb	1.1 1110			☐ Change ☐ Addition
STREET ADDRESS	234 TURKEY CREEK		1.8 NAME			3
	ALACHUA FL		1.3 STRLET	!		ָּבַ <u></u>
CITY-ST-ZIP TITLE	ALAOHOA FL	DELETE	1.4 CITY - S 2.1 TITLE	T - 71P		- Change T Addition (
NAME		בן אוווים	2.2 NAME			Change Addition C
STREET ADDRESS			•	1000000		}
CITY-ST-ZIP			2.3 STREET			
TITLE	······································	DELETE	2 # CITY- S 3.1 TITLE	1 - 114		Change Addition
NAME		<u></u>	3.2 NAME			Li oligide Lii vogitori
STREET ADDRESS			3.3 STREET	22 10004		
CITY-ST-ZIP			34, Ony-S			
TITLE		DECETE	4.1 1111.6		——————————————————————————————————————	Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	1		4 3 STHCET	ADDRESS		
CITY-ST-ZIP			4.4 CHY-S			
TITLE		DELETE	5.171111			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 \$1 REET	AUDRESS		
CITY-ST-ZIP			5.4 ÇITY - S	1 - 2(P		
TITLE		DELETE	6.1 1171.6			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 \$1REEL	ADDRESS		
CITY-ST-ZIP			6.4 CHY-S1	I-ZIP		Ì
14. I do herek	by certify that the information supp	blied with this filing does not qu	alify for the exer	nption stated	in Section 119.07(3)(i), Florida Statutes. I fu	irther certify that the
Information indicated on this annual report of supplemental annual report is frue 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						
appears in	n Block 12 or Block 13 if charged	or on an attachment with an a	iogress.	<i>6</i>		
SIGNATURE: \$\int\text{Oxfure} \tag{\text{Universe}} \frac{4}{30/97} \frac{904}{4625431}						