

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G96680** (5)
1. Corporation Name
QUALITY HEATING & COOLING OF SARASOTA, INC.



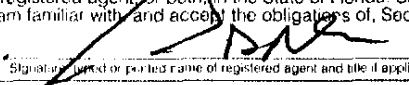
Principal Place of Business C/O WILLIAM G. FISHER 5304 ASHTON COURT SARASOTA FL 34233	Mailing Address C/O WILLIAM G. FISHER 5304 ASHTON COURT SARASOTA FL 34233-3401
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2. Principal Place of Business 21 6003 31 Street East Suite, Apt. #, etc. 22 City & State 23 Bradenton, Fl. Zip Country 24 34203 25 Manatee	2a. Mailing Address 26 P.O. Box 1576 Suite, Apt. #, etc. 27 City & State 28 Oneco, Fl. Zip Country 29 34264 30 Manatee
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3. Date Incorporated or Qualified 04/18/1984	3a. Date of Last Report 04/04/1996
4. FEI Number 59-2401682	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FISHER, WILLIAM G. 5304 ASHTON COURT SARASOTA FL 34233	10. Name and Address of New Registered Agent 81 Name Norton, Sam 82 Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street 83 Suite 610 84 City Sarasota 85 Zip Code FL 34236
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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 **4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FISHER, WILLIAM G.		1.2 NAME Drymon, Armistice H.	
STREET ADDRESS 5304 ASHTON ST.		1.3 STREET ADDRESS 3117 47 Street	
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP Sarasota, Fl. 34234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Bannon, Gregory	
STREET ADDRESS		2.3 STREET ADDRESS 4329 Pasadena Ct.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Sarasota, Fl. 34233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Sapp, Gregory A.	
STREET ADDRESS		3.3 STREET ADDRESS 1608 Wagonwheel Rd	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Wimauma, Fl. 33598	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Addition
NAME		5.2 NAME 100002161061	
STREET ADDRESS		5.3 STREET ADDRESS -05/01/97--01004--039	
CITY-ST-ZIP		5.4 CITY-ST-ZIP ***208.75	
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 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:  (NOTE: Registered Agent signature required when reinstating) DATE **4-22-97** DAYTIME PHONE # **941 954-4691**

CR2E034 (9/96)