

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

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Jan 23 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 # H25502 (6)

1. Corporation Name
KENNY'S HEATING & AIR CONDITIONING, INC.

Principal Place of Business
1640 FAUST DR.
ENGLEWOOD FL 34224

Mailing Address
1640 FAUST DR.
ENGLEWOOD FL 34224-8801



3. Date Incorporated or Qualified 10/15/1984
3a. Date of Last Report 01/22/1996

| | | | |
|---|-----------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | 59-2449208 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | 8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

9. Name and Address of Current Registered Agent

SKAGGS, JUDY LYNN
1640 FAUST DR.
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent

81 Name SKAGGS, DWIGHT D.
82 Street Address (P.O. Box Number is Not Acceptable) 1640 FAUST DR.
83
84 City ENGLEWOOD FL 85 Zip Code 34224

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 of registered agent or printer of registered agent, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

| | | | |
|----------------------------|--|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D SKAGGS, DWIGHT D. <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKAGGS, DWIGHT D. | 1.2 NAME | |
| STREET ADDRESS | 1640 FAUST DR. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ENGLEWOOD FL 34224 | 1.4 CITY - ST - ZIP | |
| TITLE | D SKAGGS, JUDY LYNN <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKAGGS, JUDY LYNN | 2.2 NAME | |
| STREET ADDRESS | 1640 FAUST DR. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | ENGLEWOOD FL 34224 | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| 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 type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| 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:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

941-475-1333

0422482

CR2E034 (9/96)