

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

FILED
May 14 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 # H86759 (8)
 1. Corporation Name
JOHNSON'S AIR CONDITIONING AND HEATING OF PINELLAS COUNTY, INC.



Principal Place of Business 2036 CENTRAL AVE ST. PETERSBURG FL 33712 US	Mailing Address 2036 CENTRAL AVE ST. PETERSBURG FL 33712-1255 US
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2599287		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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

**RINEHART, WILLIAM
 9050 PARK BLVD.
 SUITE #2
 SEMINOLE FL 34647**

10. Name and Address of New Registered Agent

81 Name **CURT Tingley**
 82 Street Address (P.O. Box Number is Not Acceptable)
1630 Grove St.
 83
 84 City **Clearwater** FL 85 Zip Code **34615**

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: **CURT Tingley** DATE: **4-28-97**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	V-Pres - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINEHART, WILLIAM	1.2 NAME	William Rinehart
STREET ADDRESS	9050 PARK BLVD #2	1.3 STREET ADDRESS	9050 Park Blvd. #2
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Seminole, FL
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	V-Pres. - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINGLEY, CURT	2.2 NAME	Curt Tingley
STREET ADDRESS	1920 SANDRA DR	2.3 STREET ADDRESS	1630 Grove St.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34615
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Pauline Tingley
STREET ADDRESS		3.3 STREET ADDRESS	1630 Grove St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clearwater, FL 34615
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)(f), 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: **CURT Tingley** DATE: **4-28-97** DAYTIME PHONE #: **813-896-3691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)