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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # H91920** (9)AAA AIR CONDITIONING AND APPLIANCE REPAIR, INC. Principal Place of Business Mailing Address #55. AARON ROAD P.O. BOX 1824 CRAWFORDVILLE FL 32326 CRAWFORDVILLE FL 32326-1824 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1985 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2615944 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ARLETA S. KERR 1625 METROPOLITAN CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 City Zip Code 85 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, types) or printed name of registered agent and fite if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. (96/6)DELETE Change HILE 1.1 TITLE FESMIRE, ROBIN CLARK NAME 1.2 NAME STREET ADDRESS 55 AARON ROAD 1.3 STREET ADDRESS **CRAWFORDVILLE FL** CHY-ST-70 1.4 CITY-ST-ZIP DELETE Addition Change TOTLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CLTV S1-ZE 2 4 CITY - ST - ZIP DELETE 101.6 3.1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City St. ZiP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET AUDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE 5.1 TITLE Change Addition THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-SI-76 5.4 CITY-ST-ZIP DELETE TiffE 6.1 TITLE ☐ Change ___ Addition NAME 62 NAME 6.3 STREET ADDRESS STREET ADOLESS

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 addicated 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 eath; 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.

DITY-S1-ZaP

LEOUIRED robin C feature 4/9/97

FILED

Apr 29 1997 8:00am