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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

H91920

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AAA A	ir conditioning and a	PPLIANCE REPAIR, INC	4				å ti bibli bibli	IL MINEL NIGHT 1001
Principal Place of Business Mailing Address						-	ALL BIBLY STAL	() Alait alait inat
#55, AARON ROAD P.O. BOX 1824								
CRAWFORDVILLE FL 32326 CRAWFORDVILLE FL 32326 US US			326	6		DO NOT WRITE IN THIS	SPACE	
. 03		Uo				3. Date Incorporated or Qualified		
						12/30/1985		
2. Principal P	lace of Business	2e, Mailing Address			4. FEI Number		Applied For	
21		26			59-2615944		Not Applicable	
Sulte, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	T	5 Additional	
22		27				1. Communication of citation products	Fee	Required
City & State		City & State	├─-¬ [*]			6. Election Campaign Financing		00 May Be
23 Zip	Country	28 7/rs	Zip Country			Trust Fund Contribution		led to Fees
24	25	2.p	30	¬ ´		8. This corporation owes or has paid the or Personal Property Tax due June 30.	⊔rrent yea⊩ ☐ Yes	r Intangible
	9. Name and Address of Curr		1301			10. Name and Address of New Registered		<u> </u>
Δ	RLETA S. KERR		8	1 Na	ame			
1625 METROPOLITAN CIRCLE				6 6	raat Adda	ss (P.O. Box Number is Not Acceptable)		
	LLAHASSEE FL 32308		8:	2 Str	eet Autires	ss (P.O. Box Number is Not Acceptable)		
,			8	3		7	·	
			84	4 Cit	h.		05	Zip Code
					-	FI	. ``	•
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 					med corpo	pration submits this statement for the purpose	of changin	ng its registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607.0505, Fi	orida Statut	99 trie 98.	corporatio	on's board or directors, I hereby accept the ap	pointment	t as registered
SIGNATURE								
	Signature, typed or punted name of registered a			gent sign	nature required	d when reinstating) DATE	in nunco:	7000 101 40
12.	OFFICERS A	ND DIRECTORS DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	
NAME	FPOLIER DOBIN OLARIA		· ·	1.2 NAME			C) Ollar	ge L Addition
STREET ADDRESS	55 AARON ROAD	1.3 STREET ADDR						
CITY-ST-ZIP	CRAWFORDVILLE FL		1.4 CITY-ST-ZIP					
TITLE	0.000	DELETE	2.1 TITLE				Chan	ge Addition
NAME		-	2.2 NAME				_	
STREET ADDRESS			2.3 STREET ADDRESS		ESS			
CITY-ST-ZIP			2.4 CHY-ST-ZIP		,			
TITLE		DELETE	3.1 TITLE	3.1 TITLE			Chan	ge Addition
NAME	32		3.2 NAME					
STREET ADDRESS	3.3		3.3 STREE	et addri	ESS			
CITY-ST-ZIP	+		3.4. CJTY-	- ST - ZIP				
TITLÉ	DELETE 4.1		4.1 TITLE				Chan	ge 🔲 Addition
NAME	l l		4, 2 NAMI	E				
STREET ADDRESS			4.3 STREE	E1 ADDR	ESS			
CITY-ST-ZIP		- Driese	4.4 CITY - ST - ZIP					
TITLE				5.1 TITLE			L Chan	ge L Addition
NAME ATOTET 1000500			5.2 NAME					
STREET ADDRESS	I		•	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
City-St-Zip Title		DELETE	6.1 TITLE				Chang	ge Addition
NAME		- -					L. Cridii	g- L_J AUGUIDIT
STREET ADDRESS			6.2 NAME 6.3 Stree		FSS			
			6.4 CITY-		1			
Ultr-St-Zip	- Mr. N I II	14 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D.4 CILT-	31-21		140 03/01/01 Final High Co. 14 14 14 14 14 14 14 14 14 14 14 14 14		41

r nereby 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 arraddress.

SIGNATURE:

FILED

May 05 1998 8:00am

Secretary of State