

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

FILED

May 07 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 # J06906 (8)
1. Corporation Name
ZACK'S COOLING & HEATING, INC.

Principal Place of Business
349 ALMBERG ROAD
P. O. BOX 683
LAKE WALES FL 33859-7683

Mailing Address
349 ALMBERG ROAD
P. O. BOX 683
LAKE WALES FL 33859-0683



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1986		3a. Date of Last Report 04/29/1996	
21		26		4. FEI Number 59-2654441		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COMMET, NANCY C 349 ALMBERG ROAD LAKE WALES FL 33853				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0507 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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD		<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMMET, DUANE M			1.2 NAME			
STREET ADDRESS	349 ALMBERG RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			1.4 CITY-ST-ZIP			
TITLE	VD		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOCKER, ZACHARIAH W			2.2 NAME			
STREET ADDRESS	322 E POLK AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			2.4 CITY-ST-ZIP			
TITLE	STD		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMMET, NANCY C			3.2 NAME			
STREET ADDRESS	349 ALMBERG RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			3.4 CITY-ST-ZIP			
TITLE	V		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DERHAM, TODD			4.2 NAME			
STREET ADDRESS	3922 SILVER SPUR LOOP			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL			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

CR2E034 (9/96)