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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J36116

INDUSTRIAL VENTILATION AND HEATING, INC.

Principal Place of Business	Mailing Address
1913 BLANDING BLVD	1913 BLANDING BLVD
P.O. BOX 7698 (32238)	P.O. BOX 7698 (32238)
JACKSONVILLE FL 32210	JACKSONVILLE FL 32210

FILED Jan 27 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1986 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-2731295 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent COTCHALEOVITCH, THOMAS LEE 1913 BLANDING BLVD Street Address (P.O. Box Number is Not Acceptable) 83 JACKSONVILLE FL 32210 Zip Code 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, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change COTCHALEOVITCH, THOMAS NAME 1,2 NAME 8127 NISKA TRAIL STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE ___ Addition Change TITLE 2.1 TITLE COTCHALEOVITCH, JEAN J. NAME 2.2 NAME 8127 NISKA TRAIL STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition | 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME

14. I hereby certify that the information supplied with this filling 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 angual 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 of the receipting trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 in chapted, or on an attachment thin an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

1/13/98

904/384-0001