

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

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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K43817 (1)
1. Corporation Name
LEMON BAY HEATING & COOLING, INC.



Principal Place of Business 315 S OXFORD DRIVE ENGLEWOOD FL 34223	Mailing Address 315 S OXFORD DRIVE ENGLEWOOD FL 34223-3523
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3. Date Incorporated or Qualified 11/07/1988	3a. Date of Last Report 01/23/1996
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2. Principal Place of Business 21 2225 Melody Rd Suite, Apt. #, etc.	2a. Mailing Address 26 2225 Melody Rd Suite, Apt. #, etc.
22 City & State 23 Englewood FL	27 City & State 28 Englewood FL
24 34223 Zip Country 25 U.S.	29 34223 Zip Country 30 U.S.

4. FET Number 65-0094877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**TOOKER, JAMES F
315 S. OXFORD DR.
ENGLEWOOD FL 34224**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ DATE _____
Signature type in or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TOOKER, JAMES F.
STREET ADDRESS	315 S. OXFORD DR.
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	S <input type="checkbox"/> DELETE
NAME	TOOKER, CATHY L
STREET ADDRESS	315 S OXFORD DR
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tooker, James F.
1.3 STREET ADDRESS	2225 Melody Rd
1.4 CITY-ST-ZIP	Englewood, FL 34223
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tooker, Cathy L.
2.3 STREET ADDRESS	2225 Melody Rd.
2.4 CITY-ST-ZIP	Englewood, FL 34223
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Cathy L. Tooker** **3-31-97** **474-6092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)