


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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K92421 (2) 1. Corporation Name MELBOURNE AIR CONDITIONING, INC.					
Principal Place of Business 39 NW IRWIN AVENUE WEST MELBOURNE FL 32904 US			Mailing Address % BEN SAXTON 111 SOUTH SCOTT STREET MELBOURNE FL 32901 US		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2956142	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NARMORE, DONNIE R 39 NW IRWIN AVENUE WEST MELBOURNE FL 32904				10. Name and Address of New Registered Agent	
				81 Name Richard Stilfield	
				82 Street Address (P.O. Box Number is Not Acceptable) 39 Irwin Ave.	
				83	
				84 City Melbourne FL 85 Zip Code 32904	
11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 a registered agent under Sections 607.0502 and 607.0505, Florida Statutes. SIGNATURE <i>Richard Stilfield</i> DATE 2/27/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input checked="" type="checkbox"/> DELETE					
NAME PD NARMORE, DONNIE					
STREET ADDRESS 2630 SIMON RD					
CITY-ST-ZIP W MELBOURNE FL 32904					
1.2 NAME <input type="checkbox"/> DELETE					
NAME STILFIELD, RICHARD					
STREET ADDRESS 2415 WASHINGTON ST					
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2. I 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: <i>Richard Stilfield</i> DATE: 2/27/98					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/97)