

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L35318** (9)
1. Corporation Name
**S. WAYNE WHITMIRE AIR CONDITIONING & ELECTRIC, I
NC.**



Principal Place of Business Mailing Address
**500 SOUTH LAKE AVENUE 500 SOUTH LAKE AVENUE
C/O S. WAYNE WHITMIRE C/O S. WAYNE WHITMIRE
AVON PARK FL 33825 AVON PARK FL 33825**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 03/03/1995
21		26		4. FEI Number 59-2990678	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

9. Name and Address of Current Registered Agent

**WHITMIRE, S. WAYNE
500 SOUTH LAKE AVENUE
AVON PARK FL 33825**

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

S. Wayne Whitmire
Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMIRE, S. WAYNE	1.2 NAME	
STREET ADDRESS	380 ARBUCKLE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMIRE, DELORES V.	2.2 NAME	
STREET ADDRESS	380 ARBUCKLE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMIRE, SPENCER W., JR.	3.2 NAME	
STREET ADDRESS	138 S. KISSIMEE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-26-96 (94)453-3019

CR2E034 (12/95)