

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L42868** (4)
1. Corporation Name
EAGLE AIR CONDITIONING, INC.



Principal Place of Business
**2024 CATTLEMAN DR
BRANDON FL 33511
US**

Mailing Address
**2024 CATTLEMAN DR
BRANDON FL 33511
US**

3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last Report 10/02/1995
4. FEI Number 59-2995968	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent HAMLIN, GREGORY 2024 CATTLEMAN DR BRANDON FL 33511		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	
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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 date of application) (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMLIN, GREGORY	2. 2. NAME	
STREET ADDRESS	2024 CATTLEMAN DR	3. 3. STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33511	4. 4. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 6. NAME	
STREET ADDRESS		7. 7. STREET ADDRESS	
CITY - ST - ZIP		8. 8. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	9. 9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. 10. NAME	
STREET ADDRESS		11. 11. STREET ADDRESS	
CITY - ST - ZIP		12. 12. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	13. 13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. 14. NAME	
STREET ADDRESS		15. 15. STREET ADDRESS	
CITY - ST - ZIP		16. 16. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	17. 17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. 18. NAME	
STREET ADDRESS		19. 19. STREET ADDRESS	
CITY - ST - ZIP		20. 20. 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: *Gregory Hamlin* PRES. GREGORY HAMLIN 6/3/96 813-681-9712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)