


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

FILED

Feb 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																	
<b>DOCUMENT # L52742 (8)</b> 1. Corporation Name <b>BOB HEINMILLER AIR CONDITIONING, INC.</b>																																																																																					
Principal Place of Business <b>* CARTER A. BRADFORD</b> <b>1537 WEST SMITH STREET</b> <b>ORLANDO FL 32804</b>			Mailing Address <b>* CARTER A. BRADFORD</b> <b>1537 WEST SMITH STREET</b> <b>ORLANDO FL 32804-4849</b>																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/22/1990</b> 4. FEI Number <b>59-3004694</b> 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																	
9. Name and Address of Current Registered Agent <b>BRADFORD, CARTER A.</b> <b>512 W. WASHINGTON ST.</b> <b>ORLANDO FL 32801</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																					
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">DELETED</td> </tr> <tr> <td></td> <td>PT HEINMILLER, BOB</td> <td>1537 WEST SMITH STREET</td> <td>ORLANDO FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>VP DERRINGER, MARK</td> <td>1537 WEST SMITH STREET</td> <td>ORLANDO FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>S DERRINGER, LINDA</td> <td>1537 WEST SMITH ST.</td> <td>ORLANDO FL</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED		PT HEINMILLER, BOB	1537 WEST SMITH STREET	ORLANDO FL	<input type="checkbox"/>		VP DERRINGER, MARK	1537 WEST SMITH STREET	ORLANDO FL	<input type="checkbox"/>		S DERRINGER, LINDA	1537 WEST SMITH ST.	ORLANDO FL	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">1.1 TITLE</td> <td style="width:40%;">1.2 NAME</td> <td style="width:30%;">1.3 STREET ADDRESS</td> <td style="width:10%;">1.4 CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change Addition					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> <input type="checkbox"/>
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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: _____ <b>REQUIRED</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																					



CR2E034 (9/96)