

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED

98 APR 15 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M95000000240
CLASSIC AIR CONDITIONING & HEATING, L.L.C.
L.C.
300 SOUTH BAY ST.
P.O. BOX 1958
BUNNELL FL 32110

1a. Principal Place of Business Address
300 SOUTH BAY ST.
P.O. BOX 1958
BUNNELL FL 32110

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1995	OK
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For
Zip		Country		59-3426359 73-1477721	<input type="checkbox"/> Not Applicable
				5. Date of Last Report	6. Certificate of Status Desired
				02/06/1997	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
HUTCHERSON, RICH 300 SOUTH BAY BUNNELL FL 32110		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		900002496929--8	
		Suite, Apt. #, etc.	
		-04/22/98--01032--004	
		****188.75 ****188.75	
		City	
		FL	
		Zip Code	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HUTCHERSON, RICH	300 SOUTH BAY	BUNNELL FL
MGR	LUGGE, JIM	19991 SOUTH 59TH STREET	BELLEVILLE IL

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER