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Feb 26 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004086 (2)

1. Corporation Name

NORTH FLORIDA AIR CONDITIONING CONTRACTORS ASSOC
IATION, INC.



Principal Place of Business

Mailing Address

5292 JULINGTON CREEK RD
JACKSONVILLE FL 32258

5292 JULINGTON CREEK RD
JACKSONVILLE FL 32258-3467

3. Date Incorporated or Qualified
08/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

PETERSON, LATAIN
5292 JULINGTON CREEK RD
JACKSONVILLE FL 32258

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILSON, FRANK S
STREET ADDRESS 1009 VINE ST
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ DELETE

TITLE DV
NAME WATSON, WILLIAM III
STREET ADDRESS 3787 OLD MIDDLEBURG RD #2
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ DELETE

TITLE S
NAME GRIFFIN, J. DANIEL
STREET ADDRESS 1000 EDISON AVE
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

TITLE T
NAME PIERSON, NANCY
STREET ADDRESS 2004 JONES RD
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-D
1.2 NAME BILL WATSON III
1.3 STREET ADDRESS 3787 OLD MIDDLEBURG RD. #2
1.4 CITY-ST-ZIP JAX, FL. 32210 ☒ Change ☐ Addition

2.1 TITLE VP-D
2.2 NAME DAN GRIFFIN
2.3 STREET ADDRESS 1000 EDISON AVE
2.4 CITY-ST-ZIP JAX, FL. 32204 ☒ Change ☐ Addition

3.1 TITLE S-D
3.2 NAME JOEY THIGPEN
3.3 STREET ADDRESS 4229 MAIN ST.
3.4 CITY-ST-ZIP JAX, FL. 32206 ☒ Change ☐ Addition

4.1 TITLE T-D
4.2 NAME NANCY PIERSON
4.3 STREET ADDRESS 2004 JONES RD
4.4 CITY-ST-ZIP JAX, FL. 32220 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Pierson

CR2E037 (9/96)