— AMENDED —

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-25-2002 90217 039 ****61.25
P93000025718
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 4:01

DOCUMENT # P93000025718

1. Entity Name
ADVANCED HEATING & AIR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2368 SPRING LAKE RD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DEFUNIAK SPRINGS FL	City & State: FLORIDA 32433
Zip: 32433 Country: U.S.A.	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3199626 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: EVERETT A. STEADMAN

Street Address (P.O. Box Number is Not Acceptable): 2368 SPRING LAKE RD.

City: DEFUNIAK SPRINGS, FL Zip Code: 32433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EAA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	EVERETT A. STEADMAN	NAME	
STREET ADDRESS	2368 SPRING LAKE RD.	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	DOUGLAS L. CLEMMONS	NAME	
STREET ADDRESS	386 S. 13TH ST.	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435	CITY-ST-ZIP	
TITLE	S-T	TITLE	
NAME	REBECCA L. STEADMAN	NAME	
STREET ADDRESS	2368 SPRING LAKE RD.	STREET ADDRESS	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: EVERETT A. STEADMAN 8-20-02 850-892-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/29/02
AA