


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

FILED

Jul 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 994000061217

H&H HEATING & AIR CONDITIONING, INC.
14839 NORTH MAIN STREET
JACKSONVILLE, FL 32218

Principal Place of Business

Mailing Address

AS ABOVE

3. Date Incorporated or Qualified
AUGUST, 1994

3a. Date of Last Report

2. Principal Place of Business

21 AS ABOVE

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 AS ABOVE

27 City & State

28 AS ABOVE

Zip

Country

24 AS ABOVE

25 DUVAL

Zip

Country

29 AS ABOVE

30 USA

4. FEI Number
59-3259582

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

9. Name and Address of Current Registered Agent

DAVID H. HOYLE
10304 BRIARCLIFF ROAD E.
JACKSONVILLE, FL 32218

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

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT

XX DELETE

NAME KENNY HALL

STREET ADDRESS 2543 GAYLAND ROAD

CITY JACKSONVILLE, FL 32218

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

P/S/T/D

☒ Change

☐ Addition

12 NAME

DAVID H. HOYLE

13 STREET ADDRESS

10304 BRIARCLIFF ROAD E.

14 CITY-ST- ZIP

JACKSONVILLE, FL 32218

21 TITLE

RUTH N. BROOK HOYLE

☐ Change

☒ Addition

22 NAME

10304 BRIARCLIFF ROAD E. VP/D

23 STREET ADDRESS

JACKSONVILLE, FL 32218

24 CITY-ST- ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST- ZIP

41 TITLE

☐ Change

☐ Add

2 NAME

STREET ADDRESS

44 CITY-ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST- ZIP

600002228676

-07/02/97--01032--020

***558.75

☐ Change

☐ Addition

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/97

(904) 696-6500

Date

Daytime Phone #

CR2E034 (9/96)