SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500003824 (6)

FILED Jul 29 1997 8:00am Secretary of State

SPANN AIR CONDITIONING, INC. Mailing Address Principal Place of Business 1700 W. OLIVE ST. 1700 W. OLIVE ST. LAKELAND FL 33801 LÁKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 01/10/1995 4. FEI Number 05/01/1996 2. Principal Place of Business 2a. Malling Address Applied For 26 Not Applicable 21 59-3298932 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zio This corporation owes or has paid the current year Intangible Yes Yes 24 Personal Property Tax due June 30. □ No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent В1 Name SPANN, DONALD M 1700 W. OLIVE ST. 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 84 City Zip Code 85 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, 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 reinstating) 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <u>4</u> DELETE Change Addition TITLE 1.1 TITLE NAME SPANN, DONALD M 1.2 NAME STREET ADDRESS 1700 W. OLIVE ST. 1.3 STREET ADDRESS LAKELAND FL 33801 CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information incloded on this approach point 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 chapted, or on an attachment with an address.

SIGNATURE:

(1. **CHIP***)

CHIP*

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SIGNATURE: