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FILED
Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000006261 (8)

1. Corporation Name
AIR CONDITIONING SERVICE & CONTROL INC.



Principal Place of Business: 1702 W. CLUSTER AVENUE TAMPA FL 33604
Mailing Address: 1702 W. CLUSTER AVENUE TAMPA FL 33604-5313

3. Date Incorporated or Qualified: 01/20/1995
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business: 21 Le 306 N. Habana Ave
2a. Mailing Address: 2a. 306 N. Habana Ave

4. FEI Number: 59-3303601
Applied For: Not Applicable

22. City & State: Tampa FL
27. City & State: Tampa FL

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

23. Zip: 33614 Country: Hills.
28. Zip: 33614 Country: Hills.

6. Election Campaign Financing:
Trust Fund Contribution:
\$5.00 May Be Added to Fees

24. Zip: 33614 Country: Hills.
29. Zip: 33614 Country: Hills.

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

9. Name and Address of Current Registered Agent: CRUMPLER, ANGELA SUE 1702 W. CLUSTER AVENUE TAMPA FL 33604

10. Name and Address of New Registered Agent: 81 Name: Angela C. Weese
82 Street Address: 6306 N. Habana Ave.
83 City: Tampa FL 85 Zip Code: 33614

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: Angela C. Weese Pres. 1-11-97
Date: 1-11-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CRUMPLER, ANGELA S	
STREET ADDRESS	1702 W. CLUSTER AVENUE	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Angela C. Weese	
1.3 STREET ADDRESS	6306 N. Habana Ave.	
1.4 CITY - ST - ZIP	Tampa FL 33614	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: Angela C. Weese 1-11-97 813 879 7762
Date: 1-11-97 Daytime Phone #: 813 879 7762

CR2E034 (9/96)