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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000043968 (3)

AIR DUCT CLEANERS OF NORTH FLORIDA INC.

Principal Place of Business **XEXPOXIFICALXISTING/F302**CX XOLIKIKINOSKOTORNOKX XOLIGIJEK NGROVEK XOLIGIJEK

2. Principal Place of Business

Orange Park, FL

Suite, Apt. #, etc.

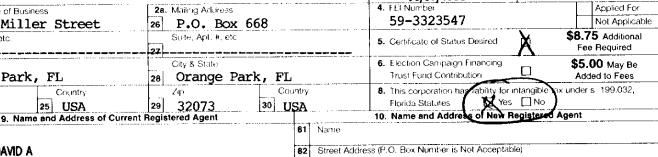
City & State

32067

21

Mailing Address

NONOCKO DECEMBER MYDONOGRAFIX XVEXX DOODE POTEXTIX 3000X



3. Date Incorporated or Qualified

06/07/1995

KING, DAVID A

1145-4 Miller Street

Country

25 USA

81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
	Attorney at Law			
83	-			
	1416 Kingsley Avenue			
84	City		85	Zip Code
1 1	Örange Park	ГЬ	1	32073

3a. Date of Last Report

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

Signature by estat position have altregate set application to despetials and the despetials and the despetials are set of the despetials are set of the despetials and the despetials are set of the despetial are set of			13.	heid Agendagen in his viert with investage DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1 1 TITLE	D,P	☐ Change	Addition
NAME	MCGLONE, JON B		1.2 NAME	D/1		
STREET ADDRESS	1339 BEAR RUN BLVD.		1.3 STREET ADDRESS			
CHTY - ST - ZIP	ORANGE PARK FL 32065		14 City St ZiP			
TITLE	D	□ DE. ETE	2 1 IOUE		☐ Change	Addition
NAME	MALLINSON, KEITH R		2.2 NAME			
STREET ADDRESS	3045 DELLWOOD AVE.		2.3 STREET ADDRESS			
CITY-S1-ZIP	JACKSONVILLE FL 32205		2 4 CITY - ST - ZIP			
TITLE	ALICHA CHILLIAN CONTRACTOR CONTRA	DELETE	3 1 1/fL ²		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY · SI - ZIP			3.4 CITY - ST-ZIP			
TITLE		DELETE	4 1 TITLE		☐ Change	Addition
NAME			4.2 NAM£			
STREET ADDRESS			4.3 STREET ADORESS			
CiTY-ST-ZiP			4.4 CITY ST. ZIF			
TITLE		DELE IE	5 1 THLE		Change	Addition
NAME			5.2 NAMÉ			
STREET ADDRESS			5.3 STHEET ADDRESS			
CITY-ST-ZIP			5.4 GH > - ST - ZIP			
TITLE		DELETE	6 1 11TLF		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST - ZIP			6.4 C/1Y-S1-ZIP			

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

President

april 30 1996 904-269-1191