

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000043968 (3)

1. Corporation Name

AIR DUCT CLEANERS OF NORTH FLORIDA INC.



Principal Place of Business

Mailing Address

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

2. Principal Place of Business

21 1145-4 Miller Street

Suite, Apt. #, etc.

22

City & State

23 Orange Park, FL

Zip

24 32067

Country

25 USA

2a. Mailing Address

26 P.O. Box 668

Suite, Apt. #, etc.

27

City & State

28 Orange Park, FL

Zip

29 32073

Country

30 USA

3. Date Incorporated or Qualified

06/07/1995

3a. Date of Last Report

4. FEI Number

59-3323547

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$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

10. Name and Address of New Registered Agent

KING, DAVID A
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Attorney at Law

83

1416 Kingsley Avenue

84

City
Orange Park

FL

85 Zip Code
32073

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, if applicable

Signature typed or printed name of registered agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
D
MCGLONE, JON B
STREET ADDRESS
1339 BEAR RUN BLVD.
CITY-ST-ZIP
ORANGE PARK FL 32065

☐ DELETE

TITLE
NAME
D
MALLINSON, KEITH R
STREET ADDRESS
3045 DELLWOOD AVE.
CITY-ST-ZIP
JACKSONVILLE FL 32205

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
D,P
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 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:

Jon B. McGlone Pres.
Jon B. McGlone, President

April 30, 1996 904-269-1191

CR2E034 (12/95)