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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000070614 (9)** 

AUTOMOTIVE A/C SERVICES, INC.

## FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						E ADDITORE TO THE HELD OUT OF BOTH BOTH BETT OF THE DEST OF THE LINE THAT IS NOT THE				
4031 MAGILL ROAD 4031 MAGILL ROAD										
JACKSONVILLE FL 32220 JACKSONVILLE FL 32220										
							DO NOT WR		S SPACE	
							3. Date Incorporated or Qualifie 09/08/1995	d		
2. Principal Place	of Business	2a. N	Mailing Address				4. FEI Number			Applied For
21			26				<b>59-3337706</b> Not Applicable			
I Suite Ant # etc			Suite, Apt. #, etc.							Additional
22			27				Certificate of Status Desired	ш		Required
I City & Stata			City & State				Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution			d to Fees
zip	Country	$\vdash$	Zip Coun				8. This corporation owes or has			
24	25 Name and Address of Current		29 30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					1	Name	10. Name and Address of New	Registere	# Agent	
	YRE, KENNETH H JR			ľ	"	IValifie				
4031 MAGILL ROAD					2	Street Addr	ess (P.O. Box Number is Not Accep	able)		
JACKSONVILLE FL 32220			83							
				ľ	3					
				8	4	City	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>85</b> Zip	Code
44 Ourswest to the		00 1 007	4500 50 31 000					FI		
office or registe	ered agent, or both, in the Sta	le of Horida.	. Such change was a	authorized I	by t	nameo corp he corporati	oration submits this statement for the on's board of directors. I hereby according to the contract of the cont	ept the an	ot changing pointment a	its registered is registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE SIGNATURE	ure, typed or printed name of registered a		407				ed when reinstating)			
12.	OFFICERS A			13.	gent	signature require	ADDITIONS/CHANGES TO OF	DATE	IN NIDECTO	DC IN 12
TITLE		ND OINEON	DELETE	1.1 TITLE	:		ADDITIONS/CHANGES TO OF	TOENS AN	Change	
NAME N	icintyre, kenneth h Jf	3	_	1.2 NAM						
	031 MAGILL ROAD	•		1.3 STRE		nneess				
	ACKSONVILLE FL 32220			1.4 CITY						
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NAME				2.2 NAME		1			— <b>,</b> -	
STREET ADDRESS				2.3 STREI		ODBESS				j
CITY-ST-ZIP				2. 4 CITY		1				
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CITY-ST-ZIP				3.4. CITY						
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CITY-ST-ZIP				6.4 CITY-	ST-7	ZIP [				
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14. I 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.

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