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

Mailing Address

4691 N UNIVERSITY DR #443

CORAL SPRINGS FL 33067-4620

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

4691 N UNIVERSITY DR #443 CORAL SPRINGS FL 33067

SIGNATURE:



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

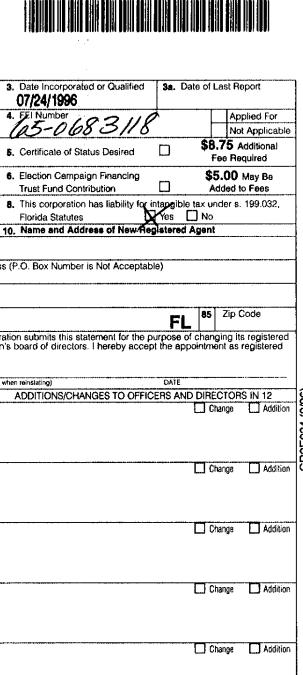
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000061962 (2)**

SCOTT GOLLOUB AIR CONDITIONING, INC.

2. Principal Place of Business 2a, Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zιρ 8. This corporation has liability for intaggible tax under s. 199.032, Yes 🗌 No 30 24 29 Florida Statutes 25 10. Name and Address of New-Registered Agent 9. Name and Address of Current Registered Agent Name GOLLOUB, SCOTT 4691 N UNIVERSITY DR #443 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 63 Zip Code 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: type a or printed mone of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6)12. DELETE Change Addition THEF 11 TITLE GOLLOUB, SCOTT NAME 1.2 NAME 4691 N UNIVERSITY DR #443 STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33067 CITY - ST - ZIP 1.4 CITY-ST-ZIP Change DELETE Addition 2 1 TITLE THUE NAME 2.2 NAME STREET ACORESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition Tilité 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STEELT ADDRESS 34. CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - Z₩ CHTY - ST - ZIE DELETE Change Addition TOTALE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 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.

FILED Mar 07 1997 8:00am Secretary of State



Date

Daytime Phone #