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Jan 14 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 # P96000079254 (4)

1. Corporation Name
DAVE'S AIR CONDITIONING, INC.

Principal Place of Business
7021 CONSTITUTION BLVD.
FT. MYERS FL 33912

Mailing Address
7021 CONSTITUTION BLVD.
FT. MYERS FL 33912-5834



3. Date Incorporated or Qualified 09/23/1996	3a. Date of Last Report
4. FEI Number 65-0695946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MULCAHY, DAVID C
7021 CONSTITUTION BLVD.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D/C
NAME	MULCAHY, DAVID C	1.2 NAME	mulcahy, David C.
STREET ADDRESS	7362 JONAS ROAD	1.3 STREET ADDRESS	7362 Jonas Road
CITY-ST-ZIP	FT. MYERS FL 33912	1.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D	2.1 TITLE	S/T/D
NAME	MULCAHY, ROSE C	2.2 NAME	Mulcahy, Rose C
STREET ADDRESS	7362 JONAS ROAD	2.3 STREET ADDRESS	7362 Jonas Road
CITY-ST-ZIP	FT. MYERS FL 33912	2.4 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	D	3.1 TITLE	V.
NAME	ROBINSON, PATRICK J	3.2 NAME	Robinson, Patrick J.
STREET ADDRESS	18477 WINTER HAVEN ROAD	3.3 STREET ADDRESS	18477 Winterhaven Road
CITY-ST-ZIP	FT. MYERS FL 33912	3.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Rose C. Mulcahy

Rose C. Mulcahy

1/6/96

(941)267-6097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0400087

CR2E034 (9/96)