

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90066 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000091199

1. Corporation Name
A B AIR CONDITIONING OF CHIEFLAND, INC.



Principal Place of Business 11 N.E. 7TH AVENUE CHIEFLAND FL 32626	Mailing Address 11 N.E. 7TH AVENUE CHIEFLAND FL 32626
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12330 NW 62nd Ave Suite, Apt. #, etc. 22	2a. Mailing Address 26 12330 NW 62nd Ave Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/06/1996	4. FEI Number 59-3409610	Applied For <input type="checkbox"/> Not Applicable
23 City & State Chiefland FL	28 City & State Chiefland FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 Zip 32626	25 Country Levy	29 Zip 32626	30 Country Levy	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent STEVENS, RONALD W ESQ. 265 S. COURT STREET BRONSON FL 32621				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCORN, WESLEY M	1.2 NAME	
STREET ADDRESS	10319 S.W. STATE ROAD 45	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL 32613	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CAROLYN R	2.2 NAME	
STREET ADDRESS	7151 S.E. 25TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF HAMMOCK FL 32639	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Carolyn B. Wright Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (11/98)