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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000066139 (1) DOCUMENT

J & C AIR HANDLING SYSTEM, INC.

Principal Place of Business Mailing Address 1 FAIRGREEN AVE. 1 FAIRGREEN AVE. NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/15/1997 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 3463223 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required 27 City & State City & State 6. Election Campalgn Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zio Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SELTER, K. JOSEPH 394 N. CAUSEWAY Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BEACH FL 32169 83 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition BLANCHETTE, JOSEPH H NAME 1.2 NAME **CR2E034** 3603 SAXON DR. STREET ADDRESS 1.3 STREET ADDRESS NEW SMYRNA BEACH FL 32169 CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE D DELETE Change Addition 2.1 TITLE BLANCHETTE, CHRISTINE N NAME 22 NAME 3603 SAXON DR. STREET ADDRESS 2.3 STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TATLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4.2 NAME

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

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Change

Change

Addition

Addition

FILED

Feb 05 1998 8:00am

Secretary of State