

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90008 044 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000077100**  
 1. Corporation Name  
**ADVANCED REFRIGERATION & AIR CONDITIONING, INC.**



Principal Place of Business #3 SKIPPER AVE FT WALTON BCH FL 32549	Mailing Address PO BOX 2336 FT WALTON BCH FL 32549
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>714 Doyce Rd.</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>08/28/1997</b>	4. FEI Number <b>62-1716787</b>	Applied For Not Applicable
Suite, Apt. #: etc. 22	Suite, Apt. #: etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
City & State 23 <b>FT WALTON BEACH FL.</b>	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
Zip 24 <b>32547</b>	Country 25 <b>OKLAHOMA</b>	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>KELLAR, TIMMY L HIGHWAY 19 SOUTH PERRY FL 32348</b>		10. Name and Address of New Registered Agent 81 Name <b>Bayles Vincent</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8 Sharilyn Dr.</b> 83 84 City <b>Shalimar</b> FL 85 Zip Code <b>32579</b>		
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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 Vincent Bayles (NOTE: Registered Agent signature required when reinstating) DATE 7-2-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE <b>KELLAR, TIMMY L POST OFFICE BOX 716 ((N/A)) PERRY FL 32348</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>TUCKER, HOWARD L 83 KEITH JETER RD HATTIESBURG NS 39401</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>BAYLES, VINCENT 10 MALBOROUGH RD SHALIMAR FL</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME <b>Bayles Vincent</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>8 Sharilyn Dr.</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Shalimar FL.</b>	
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.

SIGNATURE: Vincent Bayles **SIGNATURE REQUIRED** DATE: 7-2-99 850-315-0800

CR2E034 (5/99)