


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 02, 1999 8:00 am
Secretary of State

08-02-1999 90007 006 ***150.00

0008497

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000086243

1. Corporation Name
NORTHWEST FLORIDA AIR CONDITIONING AND APPLIANCE SERVICE, INC.



Principal Place of Business
 1403 GRACE AVENUE
 PANAMA CITY FL 32401

Mailing Address
 1403 GRACE AVENUE
 PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2805 W 15th Street

2a. Mailing Address
 26 2805 W 15th Street

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Panama City FL

28 City & State
Panama City FL

24 Zip
32401

25 Country
US

29 Zip
32401

30 Country
US

3. Date Incorporated or Qualified
09/30/1997

4. FEI Number
59-3472684

5. Certificate of Status Desired Applied For
 Not Applicable \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
COPE, GEORGE
~~1403 GRACE AVENUE~~ 2805 W 15th Street
 PANAMA CITY FL 32401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COPE, GEORGE	
STREET ADDRESS	1403 GRACE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COPE, VIRGINIA	
STREET ADDRESS	1403 GRACE AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<u>2805 W 15th Street</u>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<u>2805 W 15th Street</u>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<u>VP Aaron Ambrose</u>
3.3 STREET ADDRESS	<u>2805 W 15th Street</u>
3.4 CITY-ST-ZIP	<u>Panama City FL 32401</u>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<u>VP Troy Ambrose</u>
4.3 STREET ADDRESS	<u>2805 W 15th Street</u>
4.4 CITY-ST-ZIP	<u>Panama City FL 32401</u>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<u>J.P. Jones Swift</u>
5.3 STREET ADDRESS	<u>2805 W 15th Street</u>
5.4 CITY-ST-ZIP	<u>Panama City FL 32401</u>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

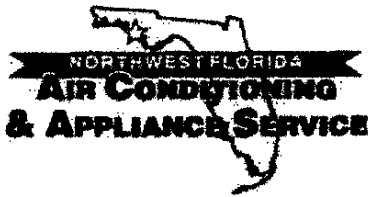
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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: [Signature] 7-27-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

PA 7000086243
599544-90007-6
George A Cope CEO



2805 West 15th Street, Panama City, FL 32401
850-769-5061 - Fax - 850-769-5336

7/26/99

To Whom it May Concern:

Our Address has been changed and unfortunately we have had difficulty receiving our mail, due to a duel street name. Our new address is 2805 West 15th Street also known as West Hwy 98 and that's where the problem is.

I never received the first notice and just recently received this 2nd notice. I apologize for the lateness. I spoke with Carol and she said to send in the correct address to you and the \$150.00 fee. If there is a problem with this please let me know again I apologize .

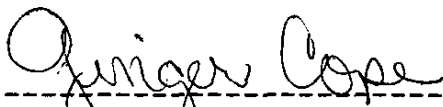
The Correct Address is:

Northwest Florida Air Conditioning and Appliance Service
Inc.
2805 West 15th Street
Panama City, Florida 32401

Phone No: 850-769-5061

If you have any further questions please don't hesitate to call.

Thank-You



Ginger Cope Acct Rep