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

appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

PROFIT

CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # S76974 (2)AIR CONDITIONING BY GRADON INC. Principal Place of Business Mailing Address 11275 167TH PL N 11275 167TH PL N JUPITER FL 33478 JUPITER FL 33478-6169 3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1991 03/06/1996 2. Principal Place of Business 2a. Mailing Address 4. Eft Number Applied For 21 65-0295243 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Cerlificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zio Country Z_{10} Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAVES, DONALD E. 11275 167TH PL N 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33478 83 84 City Zip Code 85 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, lyped or portiod name of registered agent and firs if appticable (NOT! Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1.70116 GRAVES, DONNA M 1.2 NAME NAME 11275 167TH PL N STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 21100 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-\$1-7P 🔲 DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE TITLE 4.1.1111. Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C/TY - ST - Z/P 4.4 City - \$1 - 7\P DELETE TITLE 5.1 TITLE ☐ Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-S1-7IP 🔲 DELFTE ☐ Change Addition TITLE 6.1 TITLE NAME STREET ADDRESS 63 STHEET ADDRESS CITY-ST-ZIP € 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 eath; that I am an officer or director of the corporation on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Mar 14 1997 8:00am

3-11-97

561-747-2736