

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

FILED

Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V33636** (4)

1. Corporation Name  
**PARRAMORE AIR CONDITIONING, INC.**

Principal Place of Business

**341 LAKE HARRIS DRIVE  
LAKELAND FL 33813  
US**

Mailing Address

**341 LAKE HARRIS DRIVE  
LAKELAND FL 33813  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		26. Mailing Address		3. Date Incorporated or Qualified <b>04/30/1992</b>	
21. <b>662 Jessanda Ave</b>	25. <b>662 Jessanda Ave</b>	4. FEI Number <b>59-3126175</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. <b>City &amp; State</b>	27. <b>City &amp; State</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23. <b>Lakeland Fla</b>	27. <b>Lakeland Fla</b>	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent	
24. <b>33813</b>	25. <b>FL</b>	29. <b>33813</b>		30. <b>FL</b>	

g. Name and Address of Current Registered Agent

**CHRITTON, CHARLES P.  
5300 SOUTH FLORIDA AVENUE  
LAKELAND FL 33807**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRAMORE, THOMAS CUSTIS</b>	1.2 NAME	
STREET ADDRESS	<b>304 YOUNG PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUJE, JOHN</b>	2.2 NAME	<b>CUJE, JOHN</b>
STREET ADDRESS	<b>341 LAKE HARRIS DRIVE</b>	2.3 STREET ADDRESS	<b>662 JESSANDA</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE		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		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		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		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: **JOHN CUJE** **JOHN CUJE** **4-16-98** **84-644-6677**

CR2E034 (10/97)