I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered. SIGNATURE: RICHARD WAYCHOFF

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/15/2017

Date

Date

FILED Mar 15, 2017 Secretary of State CC2642529760

Certificate of Status Desired: No

SIGNATURE:

Electronic Signature of Registered Agent **Officer/Director Detail :**

Title	P	Title	VP
Name	WAYCHOFF, RICHARD J	Name	WAYCHOFF, KRISTEN TRALEE
Address	6929 PHILLIPS PARKWAY DR. SOUTH	Address	PO BOX 57485
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32241-7485

FEI Number: 52-2437540

Current Mailing Address:

Name and Address of Current Registered Agent:

WAYCHOFF, RICHARD J. 9975 VINEYARD LAKE ROAD EAST JACKSONVILLE, FL 32256 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Sta	ate of F

PO BOX 57485 JACKSONVILLE, FL 32241-7485 US

DOCUMENT# P04000005429

Entity Name: WAYCHOFF'S HEATING & AIR CONDITIONING, INC.

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

JACKSONVILLE, FL 32256

6929 PHILLIPS PARKWAY DRIVE SOUTH