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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F 97000004290**

1. Corporation Name
A-1 Air Conditioning, Inc.

Principal Place of Business Mailing Address
1453 42nd St., N.W.
Winter Haven, FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
August 15, 1997

4. FEI Number **62-1707968** Applied For Not Applicable

5. Certificate of Status Desired **\$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 Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CT Corporation Systems
1200 South Pine Island Rd.
Plantation, FL 33324

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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	
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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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John Nolen
1.3 STREET ADDRESS	1453 42nd St., N.W.
1.4 CITY-ST-ZIP	Winter Haven, FL 33881
2.1 TITLE	Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alan R. Sielbeck
2.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400
2.4 CITY-ST-ZIP	Brentwood, TN 37027
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alfred W. Taylor, III
3.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400
3.4 CITY-ST-ZIP	Brentwood, TN 37027
4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Louis Laderman
4.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400
4.4 CITY-ST-ZIP	Brentwood, TN 37027
5.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Anthony M. Schofield
5.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400
5.4 CITY-ST-ZIP	Brentwood, TN 37027
6.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	C.E. Triplett
6.3 STREET ADDRESS	Six Cadillac Drive, Ste. 400
6.4 CITY-ST-ZIP	Brentwood, TN 37027

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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, with all other like empowered.

SIGNATURE: **C.E. Triplett** **4-1-99** **(615) 371-9990**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (anytime Phone #)

CR2E034 (11/98)