SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -4 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03990 (9)

1. Corporation Name

HEAD'S HEATING & AIR CONDITIONING SERVICES, INC.

Principal Place of Business	Mailing Address
5766 I-10 INDUSTRIAL PKWY., N. THEODORE AL 36582	P.O. BOX 1315 THEODORE AL 36590

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1984
3a. Date of Last Report: 09/29/1994

2. Principal Place of Business
21 6947 Nan Gray Davis Rd.
Suite, Apt. #, etc.: 22
City & State: 23 Theodore AL
Zip: 24 36582 Country: 25 USA

2a. Mailing Address
26 P.O. Box 1315
Suite, Apt. #, etc.: 27
City & State: 28 Theodore AL
Zip: 29 36590 Country: 30 ~~Alabama~~ USA

4. FEI Number: 63-0838330 [ ] 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

NEFF, WILLIAM
388 ~~100~~ W HERMAN
PENSACOLA FL 32505

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: William W NEFF — William W Neff (PRES) — 12-30-97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	[ ] Change [ ] Addition
NAME	HEAD, RONNIE SR.	1.2 NAME	
STREET ADDRESS	754 APACHE RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	THEODORE AL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	[ ] Change [ ] Addition
NAME	HEAD, BRENDA	2.2 NAME	
STREET ADDRESS	754 APACHE RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	THEODORE AL		
TITLE	SD		
NAME	HEAD, RONNIE JR.	3.2 NAME	[ ] Change [ ] Addition
STREET ADDRESS	754 APACHE RUN	3.3 STREET ADDRESS	
CITY-ST-ZIP	THEODORE AL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***1080.00 ***1080.00

REINSTATEMENT - 95-97

SL 12-10-97

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] Ronnie L. Head, Sr 11/25/97 334-653-7873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #