

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000055254 (4)

1. Corporation Name
A-1 AIR CONDITIONING, HEATING AND ROOFING, INC.



Principal Place of Business: **1070 SAGEBRUSH TRAIL PENSACOLA FL 32534**
2185 Kathleen Ave cant. Fla. 32533

Mailing Address: **1070 SAGEBRUSH TRAIL PENSACOLA FL 32534**
2185 Kathleen Ave cant. Fla. 32533

2. Principal Place of Business
 21: **2185 Kathleen Ave**
 State, Apt. #, etc

22: City & State
Cantonment Fla.

23: Zip
32533

24: County
Escambia

25: City & State
Cantonment Fla.

26: Zip
32533

27: County
Escambia

3. Date Incorporated or Qualified
07/26/1994

3a. Date of Last Report
01/22/1996

4. FEI Number
59-3257147

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
WARD, KENNETH R
1070 SAGEBRUSH TRAIL PENSACOLA FL 32534
2185 Kathleen Ave Cantonment Fla. 32533

10. Name and Address of New Registered Agent
 81 Name **Kenneth R. Ward**
 82 Street Address (P.O. Box Number is Not Acceptable)
2185 Kathleen Ave.
 83
 84 City **Cantonment** FL 85 Zip Code **32533**

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 hereby authorized to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: **Kenneth R. Ward** (NOTE: Registered Agent signature required when re-stating) DATE: **1-22-97**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	WARD, KENNETH R
STREET ADDRESS	1070 SAGEBRUSH TRAIL PENSACOLA FL 32534
CITY, ST, ZIP	2185 Kathleen Ave Cant. Fla. 32533
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	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	President Kenneth R. Ward
13 STREET ADDRESS	2185 Kathleen Ave. Cant. Fla. 32533
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 included 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: **Kenneth R. Ward** DATE: **3-15-97** TELEPHONE: **904 968-3313**

CR2E034 (9/96)