FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710681 (8)

1. Corporation Name

JACKSONVILLE AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 40107 JACKSONVILLE FL 32203	P.O. BOX 40107 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1972
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1689187 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PETERSON, LATAIN
5292 JULINGTON CREEK ROAD
JACKSONVILLE FL 32258

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: Latain A. Peterson Executive Director Apr 19, 1995
(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	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	MALLETT, RON	12 NAME	RON MALLETT	
STREET ADDRESS	4505 MARGUETTE AVE.	13 STREET ADDRESS	4505 MARQUETTE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JAX, FL. 32210	
TITLE	VD	21 TITLE	VP	☑ Change ☐ Addition
NAME	HUNTER, KERRY	22 NAME	FRANK WILSON	
STREET ADDRESS	1889 S. HAMPTON RD.	23 STREET ADDRESS	1009 VINE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JAX FL. 32207	
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	PIERSON, DAVE	32 NAME	BILL WATSON III	
STREET ADDRESS	2004 JONES RD.	33 STREET ADDRESS	3787 OLD MIDDLEBURG RD # 2	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JAX, FL. 32210	
TITLE	TD	41 TITLE	SAME	☐ Change ☑ Addition
NAME	GRIFFIN, JAMES D. J	42 NAME		
STREET ADDRESS	1000 EDISON AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	32204	
TITLE	D	51 TITLE	JOHN BENTLEY	☑ Change ☐ Addition
NAME	WILSON, FRANK	52 NAME	D	
STREET ADDRESS	1009 VINE ST.	53 STREET ADDRESS	6593-20 POWERS AVE	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	JAX, FL. 32217	
TITLE	D	61 TITLE	NANCY PIERSON	☑ Change ☐ Addition
NAME	KNOPFF, ED	62 NAME	D	
STREET ADDRESS	5232 SHARON TER.	63 STREET ADDRESS	P.O. BOX 10234	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JAX, FL. 32247	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ron F. Mallett Apr 19, 1995 389-7150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #