

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 7 PM 1:51

DOCUMENT # 713775 (5)
1. Corporation Name
FLORIDA AIR CONDITIONING CONTRACTORS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/11/1967 | 3a. Date of Last Report 02/08/1994 |
| 4. FEI Number 59-1440713 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|---------------------|--|---------|
| Principal Place of Business | | Mailing Address | |
| 315 MELODY LANE P.O. BOX 180458 CASSELBERRY FL 32707 | | 315 MELODY LANE P.O. BOX 180458 CASSELBERRY FL 32707 | |
| 2. Principal Place of Business | 2a. Mailing Address | | |
| 21 | 26 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | 27 | | |
| City & State | | City & State | |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| *FICARROTTO, JANICE 315 MELODY LANE P.O. BOX 458 CASSELBERRY FL 32707 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | 85 | Zip Code |
| | | | | FL | | | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|---|
| TITLE | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KELLY, HAL | 1.2 NAME | |
| STREET ADDRESS | 315 MELODY LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIS, DEANE | 2.2 NAME | |
| STREET ADDRESS | 315 MELODY LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 2.4 CITY-ST-ZIP | |
| TITLE | B | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, RAY | 3.2 NAME | |
| STREET ADDRESS | 315 MELODY LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGUIRE, TOM JR. | 4.2 NAME | |
| STREET ADDRESS | 315 MELODY LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FICARROTTO, JANICE | 5.2 NAME | |
| STREET ADDRESS | 315 MELODY LANE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: *J. Ficarrotto* 2-14-95 407-260-2212
SIGNATURE AND TYPED OR PRINTED NAME OF NAMEE OR MEMBER OR DIRECTOR Date Telephone #