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 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760236 (0)

1. Corporation Name

VOLUSIA AIR CONDITIONING CONTRACTORS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1311 11TH ST SUITE E HOLLY HILL FL 32117 US	1311 11TH STREET SUITE E HOLLY HILL FL 32117 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1981
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2930968 (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 VACCA	26 VACCA
Suite, Apt. #, etc. 22 127 S. FLORIDA AVE	Suite, Apt. #, etc. 27 127 S. FLORIDA AVE.
City & State 23 DELAND, FL	City & State 28 DELAND, FL
Zip / Country 24 32720 / 25 U.S.	Zip / Country 29 32720 / 30 U.S.

9. Name and Address of Current Registered Agent

WILLIAMSON, RICHARD K.
1311 11TH STREET
SUITE E
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name: FRANK M. WOOD
82 Street Address (P.O. Box Number is Not Acceptable): 127 S. FLORIDA AVE.
83
84 City: DELAND FL 85 Zip Code: 32720

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: FRANK M. WOOD TRUS. Frank M. Wood 4/19/95
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	D	11 TITLE	TREASURER ☒ Change ☐ Addition
NAME	WOOD, FRANK	12 NAME	D
STREET ADDRESS	127 S FLORIDA AVE	13 STREET ADDRESS	
CITY-ST ZIP	DELAND FL 32720	14 CITY ST ZIP	
TITLE	V D	21 TITLE	BOARD CHM. ☒ Change ☐ Addition
NAME	WILLIAMSON, RICHARD	22 NAME	D
STREET ADDRESS	1311 11TH ST #E	23 STREET ADDRESS	
CITY-ST ZIP	HOLLY HILL FL 32117	24 CITY ST ZIP	
TITLE	V	31 TITLE	600001488306 ☐ Change ☐ Addition
NAME	ANCELIN, CLAUDE	32 NAME	-05/16/95--01020-011
STREET ADDRESS	4251 SPRUCE CREEK RD., BLDG. 11	33 STREET ADDRESS	****130.00 ****130.00
CITY ST ZIP	PORT ORANGE FL	34 CITY ST ZIP	
TITLE	V PRES. - DIRECTOR	41 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ROSEN, ARBERT	42 NAME	D
STREET ADDRESS	1360 SARATOGA ST.	43 STREET ADDRESS	
CITY ST ZIP	DELAND FL 32720	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COLE, MITCH	52 NAME	5-1-95 J.G.
STREET ADDRESS	326 CANAL ST	53 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANK M WOOD TREASURER Frank M. Wood 4/19/95 904-736-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021382