

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Saraha B. Northern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY 12 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J51644** (9)

1. Corporation Name
ADVANCE AUTO AIRCONDITIONING & HEATING, INC.

Principal Place of Business: **% JAMES DOLAN 1964 CASSET AVE JACKSONVILLE FL 32210-3269**
Mailing Address: **% JAMES DOLAN 1964 CASSET AVE JACKSONVILLE FL 32210-3269**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 01/05/1987	3a. Date of Last Report 03/18/1994
4. FEI Number 59-2755335	Applied For 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. This corporation is liable for an annual tax under Fla. Stat. 1993 1137 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**DOLAN, JAMES
1964 CASSET AVENUE
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Applicable)	
83. _____	
84. City	FL
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1109, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0905, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOLAN, JAMES
STREET ADDRESS	1964 CASSET AVE
CITY, STATE, ZIP	JACKSONVILLE FL
TITLE	D
NAME	GARY, RONALD
STREET ADDRESS	1964 CASSET AVE
CITY, STATE, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.001(3), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report in truth and in good faith 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing and that I am a natural person with an address.

SIGNATURE: *James Dolan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10593 904-387-3433