

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

**APPROVED AND FILED**

55 MAY -1 AM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Kendra B. Mattman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **527536** (7)  
1. Corporation Name:  
**ACCURATE AIR CONDITIONING AND MECHANICAL, INC.**

Principal Place of Business: **3901 48TH AVENUE N. ST. PETERSBURG FL 33714-2907**  
Mailing Address: **3901 48TH AVENUE N. ST. PETERSBURG FL 33714-2907**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **03/10/1977**  
3a. Date of Last Report: **06/03/1994**  
4. FEI Number: **59-1724473**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing 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

2. Principal Place of Business: **21** State: **FL** City: **ST. PETERSBURG**  
2a. Mailing Address: **26** State: **FL** City: **ST. PETERSBURG**  
22. State: **FL** City: **ST. PETERSBURG**  
23. State: **FL** City: **ST. PETERSBURG**  
24. State: **FL** City: **ST. PETERSBURG**  
25. State: **FL** City: **ST. PETERSBURG**  
29. State: **FL** City: **ST. PETERSBURG**  
30. State: **FL** City: **ST. PETERSBURG**

9. Name and Address of Current Registered Agent:  
**JONES, ROBERT I.  
3800 47TH AVE. NORTH  
ST. PETERSBURG FL**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0507 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

OFFICER	STD	NAME	STONE, JEAN M	STREET ADDRESS	3800 47TH AVENUE NORTH	CITY, STATE, ZIP	ST. PETERSBURG FL
OFFICER	PD	NAME	JONES, ROBERT I	STREET ADDRESS	5366 58TH AVENUE NORTH	CITY, STATE, ZIP	ST. PETERSBURG FL
OFFICER	VD	NAME	JONES, CHARLES A.	STREET ADDRESS	5366 58TH AVENUE NORTH	CITY, STATE, ZIP	ST. PETERSBURG FL
NAME		STREET ADDRESS		CITY, STATE, ZIP			
NAME		STREET ADDRESS		CITY, STATE, ZIP			
NAME		STREET ADDRESS		CITY, STATE, ZIP			
NAME		STREET ADDRESS		CITY, STATE, ZIP			
NAME		STREET ADDRESS		CITY, STATE, ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Indicate by "X")

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

14. I hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall cause the same to be filed as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to make into the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 2, if changed, or on an attachment with an address.

SIGNATURE:   
DATE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR: **CHARLES A. JONES**  
DATE: **4-28-95** SIGNATURE: **813 522 0313**

