FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 JUN 15 PM 2:47
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 168342

1. Corporation Name
McDONALD AIR CONDITIONING INC.

700001517417
-06/20/95--01055--003
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
441 VALENCIA AVENUE #207 CORAL GABLES, FL 33134	441 VALENCIA AVENUE #207 CORAL GABLES, FL 33134

3. Date Incorporated or Qualified: 03/17/52
3a. Date of Last Report: 4/27/94

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: 59-0677276 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc
27 Suite, Apt. #, etc
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MELCHING DALE
441 VALENCIA AVENUE #207
CORAL GABLES, FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	D	☐ Change ☐ Addition
NAME	HOOKER, JOHN	12 NAME	PHILLIPS, JOHN S	
STREET ADDRESS	163 SILENT MEADOWS CIRCLE	13 STREET ADDRESS	8125 S.W. 99TH AVENUE	
CITY-ST-ZIP	ELGIN, SC 29045	14 CITY-ST-ZIP	MIAMI, FL	
TITLE	P/D	21 TITLE		☐ Change ☐ Addition
NAME	MELCHING, R DALE	22 NAME		
STREET ADDRESS	441 VALENCIA AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MELCHING, LUELLA N	32 NAME		
STREET ADDRESS	441 VALENCIA AVENUE #207	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BROWN, KAREN M.	42 NAME		
STREET ADDRESS	10440 S W 69TH AVENUE	43 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL	44 CITY-ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BROWN, DANIEL L	52 NAME		
STREET ADDRESS	10440 S W 69TH AVENUE	53 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL	54 CITY-ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, GAIL M.	62 NAME		
STREET ADDRESS	8125 S W 99TH AVENUE	63 STREET ADDRESS		
CITY ST ZIP	MIAMI, FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

LW

SIGNATURE: LUELLA N MELCHING Luella N. Melching DIRECTOR JUNE 1
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #