FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # **180939** **(1)**

1. Corporation Name
TILTZ AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
32 S HUDSON STREET PO BOX 616579 ORLANDO FL 32861	32 S HUDSON STREET PO BOX 616579 ORLANDO FL 32861

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/07/1954	03/22/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27	4. FEI Number 59-0731792	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRICE, JIMMIE L. 5203 MONTAGUE PL. ORLANDO FL 32808	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 Jimmie L. Grice, Pres. 3/27/95
(Signature required for new registered agent) (Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRICE, JIMMIE L.	12 NAME	
STREET ADDRESS	5203 MONTAGUE PL.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	GRICE, BETTY R.	22 NAME	
STREET ADDRESS	5203 MONTAGUE PL.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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/We hereby certify that the information supplied with this filing, or 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 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.