

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:17

DOCUMENT # 190630 (4)

1. Corporation Name
WESTBROOK AIR CONDITIONING & PLUMBING INC.

Principal Place of Business Mailing Address
**1411 S. ORANGE BLOSSOM TRAIL
P.O. BOX 555459
ORLANDO FL 32855**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/31/1956** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-0761330** 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**
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**MATTHEWS, OWEN S.
1411 S. ORANGE BLOSSOM TRAIL
2034 COVE TRAIL
ORLANDO FL 32855**

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: typewritten printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HAMILTON, ROBERT D
STREET ADDRESS	4384 CAROLWOOD ST
CITY - ST - ZIP	ORLANDO FL
TITLE	DC
NAME	MATTHEWS, OWEN
STREET ADDRESS	2034 COVE TRAIL
CITY - ST - ZIP	MAITLAND, FL 00000
TITLE	DPV
NAME	SCHAUBLE, JAMES H.
STREET ADDRESS	315 PICKERING STREET
CITY - ST - ZIP	LONGWOOD FL
TITLE	D
NAME	FABER, CRAIG
STREET ADDRESS	5011 LIDO STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	COATS, ROSETTA
STREET ADDRESS	1401 ANCHOR COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	GLANCY, DANIEL
STREET ADDRESS	5409 ENDICOTT PLACE
CITY - ST - ZIP	OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 190.07(3)(b), 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.

SIGNATURE: Daniel G. Glancy 2-9-95 407-841-3310
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR