

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 209756 (6)

1. Corporation Name

BARNES & BARBER AIR CONDITIONING, INC.



Principal Place of Business

333 KING ST
COCOA FL 32922

Mailing Address

333 KING ST
COCOA FL 32922

3. Date Incorporated or Qualified

02/12/1958

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0835136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

WILLIAM V. BARBER JR.
333 KING ST.
COCOA FL 32922

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, W VINCENT	
STREET ADDRESS	333 KING ST	
CITY- ST- ZIP	COCOA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HULL, CARROLL E	
STREET ADDRESS	881 DOVE AVENUE	
CITY- ST- ZIP	ROCKLEDGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIGNELL, CHERYL	
STREET ADDRESS	4690 ALBANY ST	
CITY- ST- ZIP	COCOA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARBER JR., WILLIAM V	
STREET ADDRESS	1225 N TROPICAL TR	
CITY- ST- ZIP	MERRITT ISLAND FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, BONNIE S	
STREET ADDRESS	7300 N US HWY #1, #101	
CITY- ST- ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Margaret F. Barber	
1.3 STREET ADDRESS	1225 N. Tropical Tr.	
1.4 CITY- ST- ZIP	Merritt Island, FL 329	
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 119.07(3)(k), 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: William V. Barber Jr. Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.96

Date

407-636-2665

Daytime Phone #

CR2E034 (12/95)