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
95 FEB 27 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **237954** **(3)**

1. Corporation Name
GAINESVILLE CONDITIONED-AIR, INC.

Principal Place of Business	Mailing Address
1123 S E 4TH ST GAINESVILLE FL 32601	1123 S E 4TH ST GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/27/1960**
3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0904472** ☐ 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

9. Name and Address of Current Registered Agent

STUBBS,MILTON W
1224 NW 22ND STREET
GAINESVILLE FL 32601

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	STUBBS, BETTY ROSE	12 NAME	
STREET ADDRESS	1224 NW 22ND ST	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	STUBBS, SCOTT NEAL	22 NAME	
STREET ADDRESS	RT 1, BOX 156-H	23 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	FULLER, JUNE M	32 NAME	
STREET ADDRESS	RT. 2, BOX 1685	33 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON, FL 00000	34 CITY-ST-ZIP	
TITLE	PT	41 TITLE	☐ Change ☐ Addition
NAME	STUBBS, MILTON W	42 NAME	
STREET ADDRESS	1224 NW 22ND ST	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	STUBBS, MARK MILTON	52 NAME	
STREET ADDRESS	2276 NW 19TH LN	53 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	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 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.

SIGNATURE: June M Fuller June M. Fuller 2/22/95 904-376-4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0411700 FP