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
95 APR 14 PM 8:08

DOCUMENT # **315450** **(7)**

1. Corporation Name
ALL WEATHER CONTROL, INC.

Principal Place of Business	Mailing Address
1505 S 30 AVE HOLLYWOOD FL 33020	1505 S 30 AVE HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/04/1967**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-1173486** ☐ 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

WALKER, CHRIS
1505 SOUTH 30TH AVE
HOLLYWOOD, FL
33020

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	CICERO, JOHN E II	1.2 NAME	DAVID GONZALEZ
STREET ADDRESS	1000 N ASHLEY DR #406	1.3 STREET ADDRESS	6920 S.W. 14 STREET
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL - 33020
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POPIEL, ROBERT	2.2 NAME	
STREET ADDRESS	901 SE 5TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STP	3.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, CHRIS	3.2 NAME	
STREET ADDRESS	6221 SW 5TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, WARREN	4.2 NAME	
STREET ADDRESS	606 N.W. 25TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Chris Walker Pres. CHRIS WALKER 3/31/95 305 920-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #