

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

APPROVED
AND
FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322619 (8)

1. Corporation Name

LOCKE'S HEATING & AIR CONDITIONING, INC.

Principal Place of Business

700 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304

Mailing Address

700 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/31/1967

3a. Date of Last Report
04/18/1994

4. FEI Number
59-1173911

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKE, LOUISE M.
4304 ROCKINGHAM DR
TALLAHASSEE FL 32303

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC
NAME	LOCKE, LOUISE
STREET ADDRESS	4304 ROCKINGHAM RD
CITY - ST - ZIP	TALLAHASSEE, FL 0
TITLE	AVP
NAME	JACOBS, JUANITA
STREET ADDRESS	3705 BENTLEY DR
CITY - ST - ZIP	TALLAHASSEE, FL 00000
TITLE	AVP
NAME	LOCKE, ANTHONY
STREET ADDRESS	3627 WOODHILL DR
CITY - ST - ZIP	TALLAHASSEE, FL 0
TITLE	ST
NAME	PACKETT, JANET GRUVER
STREET ADDRESS	916 MAPLEWOOD AVENUE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	VP
NAME	LOCKE, CHARLES
STREET ADDRESS	STAR ROUTE 1, BOX 5130
CITY - ST - ZIP	TALLAHASSEE, FL 0
TITLE	AST
NAME	OAKS, TOMMY L
STREET ADDRESS	P.O. BOX 5107
CITY - ST - ZIP	CRAWFORDVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet L. Packett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/95
DATE

(Type Here)