

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 555385 (4)

1. Corporation Name
KINNEY'S AIR CONDITIONING & HEATING, INC.

Principal Place of Business Mailing Address
**409 NORTH 13TH ST.
LEESBURG FL 34748** **409 NORTH 13TH ST.
LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		12/05/1977	04/18/1994
22		27		4. FEI Number	Applied For
Suits, Apt. #, etc.		Suits, Apt. #, etc.		59-1685035	Not Applicable
23		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	26	30	31		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, PAULA KINNEY 409 N 13TH ST LEESBURG FL 32748				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAULA KINNEY	1.2 NAME	
STREET ADDRESS	409 N 13TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG, FL 00000	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, CURTIS W	2.2 NAME	
STREET ADDRESS	409 N 13TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG, FL 00000	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, JOAN G	3.2 NAME	
STREET ADDRESS	409 N 13TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG, FL 00000	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNARD, BOBBY J	4.2 NAME	
STREET ADDRESS	409 N 13TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG, FL 00000	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GARY E.	5.2 NAME	
STREET ADDRESS	409 N 13TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Paula K Brown Date: 4/15/95 Daytime Phone #: 904-728-2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR