

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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JAN 24 AM 9:27	
DOCUMENT # 608878 (5) 1. Corporation Name BUD'S AIR CONDITIONING, REFRIGERATION & HEATING, INC.					
Principal Place of Business 3515 GRIFFIN ROAD FORT LAUDERDALE FL 33312		Mailing Address 3515 GRIFFIN ROAD FORT LAUDERDALE FL 33312			
DO NOT WRITE IN THIS SPACE.					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/05/1979 3a. Date of Last Report 09/27/1994 4. FEI Number 59-1943295 5. Certificate of Status Desired ☐ \$9.75 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 BARRICKMAN, W. A. 8742 SW 51 PL COOPER CITY FL 33328			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS TITLE PD NAME BARRICKMAN, W. A. STREET ADDRESS 8742 SW 51ST PL CITY-ST-ZIP COOPER CITY FL TITLE ST NAME BARRICKMAN, LYNN M. STREET ADDRESS 8742 SW 51 PL CITY-ST-ZIP COOPER CITY FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 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 110.07(3)(b), 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 in an attachment with an address.					
SIGNATURE: <i>Lynn M. Barrickman</i> <i>Sec/Treas.</i> <i>1/18/95</i> (705) 9810306 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR LYNN M. BARRICKMAN					