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

MAY -1 AM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **690848** **(7)**

1. Corporate Name

EMORY HEATING & AIR CONDITIONING INCORPORATED

Principal Place of Business
948 SHETTER AVE
JACKSONVILLE BEACH FL 32250

Mailing Address
948 SHETTER AVE
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/18/1981**
3a. Date of Last Report: **02/16/1994**

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

4. FEI Number: **59-2108963** — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FITTS, EMORY H JR
16 SANDRA DR
JACKSONVILLE BEACH FL 32250

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 Section 607.0505 and 607.0506, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
P	FITTS, EMORY H JR	16 SANDRA DR	JACKSONVILLE BEACH FL 32250

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, complying with Section 607.0193(2), Florida Statutes, is true and correct. Further, that the information indicated on the annual report or supplemental annual report, if true and correct, and that my signature shall have the same legal effect as if made under oath; that I am an officer or a 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 in compliance with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95
Date

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