FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAR -7 PM 1:49

DOCUMENT # 710811 (1)

1. Corporation Name

AIR CONDITIONING CONTRACTORS ASSOCIATION OF CENT RAL FLORIDA, INC.

Principal Place of Business	Mailing Address
315 MELODY LANE P O BOX 180458 CASSELBERRY FL 32718	315 MELODY LANE P O BOX 180458 CASSELBERRY FL 32718

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1966
3a. Date of Last Report: 03/01/1994
4. FEI Number: ~~23-7099087~~ 59-2766734 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

FICARROTTO, JANICE
315 MELODY LANE
CASSELBERRY FL 32718-7458

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 _____ 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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	VIVONA, RUDY	1.2 NAME	
STREET ADDRESS	315 MELODY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	WESTRICH, DAVE	2.2 NAME	
STREET ADDRESS	315 MELODY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	BOGGS, MIKE	3.2 NAME	
STREET ADDRESS	315 MELODY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE	~~ST~~ D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRIGHT, CHRIS	4.2 NAME	
STREET ADDRESS	315 MELODY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CASSLEBERRY FL	4.4 CITY-ST-ZIP	
TITLE	~~SD~~ D	5.1 TITLE	☐ Change ☐ Addition
NAME	FICARROTTO, JANICE	5.2 NAME	
STREET ADDRESS	315 MELODY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	~~JAMES, DOYLE~~	6.2 NAME	
STREET ADDRESS	~~315 MELODY LANE~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~CASSELBERRY FL~~	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice Ficarrotto, Ex. Dir. 2/13/95 407-260-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0003063