FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

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

3. Date Incorporated or Qualified: **04/29/1966**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	VIVONA, RUDY		12 NAME		
STREET ADDRESS	315 MELODY LANE		13 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		14 CITY-ST-ZIP		
TITLE	P	☑ DELETE	21 TITLE	P	☐ Change ☑ Addition
NAME	WESTRICH, DAVE		22 NAME	Chris Bright	
STREET ADDRESS	315 MELODY LANE		23 STREET ADDRESS	315 Melody Ln.	
CITY-ST-ZIP	CASSELBERRY FL		24 CITY-ST-ZIP	Casselberry, FL	
TITLE	VP	☑ DELETE	31 TITLE	V	☐ Change XX Addition
NAME	BOGGS, MIKE		32 NAME	Christian Engle	
STREET ADDRESS	315 MELODY LANE		33 STREET ADDRESS	315 Melody Ln.	
CITY-ST-ZIP	CASSELBERRY FL		34 CITY-ST-ZIP	Casselberry, FL	
TITLE	ST	☑ DELETE	41 TITLE	S/T	☐ Change XX Addition
NAME	BRIGHT, CHRIS		42 NAME	Dave Aurand	
STREET ADDRESS	315 MELODY LANE		43 STREET ADDRESS	315 Melody Lane	
CITY-ST-ZIP	CASSLEBERRY FL		44 CITY-ST-ZIP	Casselberry, FL	
TITLE	ED	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FICARROTTO, JANICE		52 NAME		
STREET ADDRESS	315 MELODY LANE		53 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		54 CITY-ST-ZIP		
TITLE	D	☑ DELETE	61 TITLE	D	☐ Change XX Addition
NAME	JAMES, DOYLE		62 NAME	Duane Massey	
STREET ADDRESS	315 MELODY LANE		63 STREET ADDRESS	315 Melody Ln.	
CITY-ST-ZIP	CASSELBERRY FL		64 CITY-ST-ZIP	Casselberry, FL	

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 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 1/22/96 407-260-2206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)