4-5-95 G-3022-XC

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 APR -5 PM 2:45

DOCUMENT # **734492** **(2)**

1. Corporation Name

AIR CONDITIONING CONTRACTORS OF AMERICA, GOLD CO AST CHAPTER, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10251 W. SAMPLE RD SUITE B CORAL SPRINGS FL 33065-3939 US	10251 W SAMPLE RD SUITE B CORAL SPRINGS FL 33065-3939 US

3. Date Incorporated or Qualified: 12/01/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2778128 ☐ 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 XX Yes ☐ No

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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KELLOUGH, DAVID L
10251 W SAMPLE RD
SUITE B
CORAL SPRINGS FL 33065

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	SD	1.1 TITLE	T/D	XX Change ☐ Addition
NAME	WIESEL, SCOTT	1.2 NAME		
STREET ADDRESS	1930 NW 18TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	V/D	XX Change ☐ Addition
NAME	PURCELL, DENNIS	2.2 NAME		
STREET ADDRESS	355 SW 13TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	D	XX Change ☐ Addition
NAME	CRANE, BETTY	3.2 NAME		
STREET ADDRESS	13337 SW 88TH AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	P/D	XX Change ☐ Addition
NAME	GUZMAN, EMILIO F	4.2 NAME		
STREET ADDRESS	4613 SW 74TH AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	M	5.1 TITLE		☐ Change ☐ Addition
NAME	KELLOUGH, DAVID L	5.2 NAME		
STREET ADDRESS	10251 W SAMPLE RD, STE B	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	S/D	☐ Change XX Addition
NAME		6.2 NAME	Chuck Mayer	
STREET ADDRESS		6.3 STREET ADDRESS	1700 Banks Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Margate, FL 33063	

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 added in the attachment with an address.

SIGNATURE: _____ March 28, 1995 (800)433-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Emilio F. Guzman

000189