

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY - 1 10:07

DOCUMENT # **G21554** (2)

1. Corporation Name
E & E AIR CONDITIONING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **C/O EDWARD JOHN EHRENKONIG
2600 53RD AVENUE NO.
ST. PETERSBURG FL 33714**

Mailing Address: **C/O EDWARD JOHN EHRENKONIG
2600 53RD AVENUE NO.
ST. PETERSBURG FL 33714**

DATE FILED IN THIS STATE

3. Date incorporated or Qualified: **01/27/1983**
3a. Date of Last Report: **03/21/1994**

2. Principal Place of Business: **21**
26. Mailing Address: **26**
State Apt # etc: **22**
27. State Apt # etc: **27**
City & State: **23**
28. City & State: **28**
City: **24** County: **25** City: **29** County: **30**

4. FEI Number: **59-2264854**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under 1991 Fla. Statutes: Yes No

9. Name and Address of Current Registered Agent
**EHRENKONIG, EDWARD JOHN
1045 28TH AVENUE NORTH
ST. PETERSBURG FL 33704**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0632 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 hereby willing to accept the obligations of Section 607.0635, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: DP	EHRENKONIG, EDWARD JOHN
12.2 NAME:	1045 28TH AVENUE NO.
12.3 STREET ADDRESS:	ST. PETERSBURG FL
12.4 CITY, ST. ZIP:	
12.5 TITLE: DV	EHRENKONIG, JOYCE KAY
12.6 NAME:	1045 28TH AVENUE NO.
12.7 STREET ADDRESS:	ST. PETERSBURG FL
12.8 CITY, ST. ZIP:	
12.9 TITLE:	
12.10 NAME:	
12.11 STREET ADDRESS:	
12.12 CITY, ST. ZIP:	
12.13 TITLE:	
12.14 NAME:	
12.15 STREET ADDRESS:	
12.16 CITY, ST. ZIP:	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IN 12

13.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY, ST. ZIP:	ZIP - 33704
13.5 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY, ST. ZIP:	ZIP - 33704
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY, ST. ZIP:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY, ST. ZIP:	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0632(4)(b), Florida Statutes. I further certify that the information filed 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Joyce K. Ehrenkoning* **JOYCE K. EHRENKONIG** **04/25/95** **813-527-1357**