

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:07

DOCUMENT # **G41352** (7)

1. Corporation Name

AFFORDABLE AIR CONDITIONING AND HEATING, INC.

Principal Place of Business

16925 S.W. 35TH ST.
OCALA FL 34481
US

Mailing Address

16925 S.W. 35TH ST.
OCALA FL 34481
US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

05/27/1983

3a. Date of Last Report

01/20/1994

4. FET Number

59-2299952

Applied Fee

Not Applicable

5. Certificate of Status Debated

\$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 5, 19B FDC, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SMITH, DAVID J
16925 SW 35 ST
OCALA FL 34481

81 Name

82 Street Address (P.O. Box Number is Not Accepted)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 agent 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

(Signature of agent or parties named as registered agent and his or her address)

(Signature of Registered Agent or parties named as registered agent and his or her address)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME
DP
SMITH, DAVID J
16925 SW 35 ST
OCALA FL

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from filing the information. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if it were made with my own hand or those of the corporation or the person or persons empowered to make this report as required by Chapter 489, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Smith* David J. Smith

(Signature and typed or printed name of signing officer or director)

1-19-95 904-465-0695

Date (Signature Place)