**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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H46052** **(7)**

1. Corporate Name

**AIR CONDITIONING SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1100 SOUTH FEDERAL HWY., STE. 4<br>BOYNTON BCH. FL 33435-5693 | 1100 SOUTH FEDERAL HWY., STE. 4<br>BOYNTON BCH. FL 33435-5693 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/08/1985**

3a. Date of Last Report: **04/04/1994**

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

4. FEI Number: **59-2565765** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| **STONESIFER, LOUIS I.**<br>**1093 FLORENCE ROAD**<br>**LANTANA FL 33462** | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 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: (Required) (If changing Registered Agent, Registered Agent must sign here.) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | STONESIFER, LOUIS I. | 12 NAME | |
| STREET ADDRESS | 1093 FLORENCE ROAD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL | 14 CITY-ST-ZIP | |
| TITLE | T | 21 TITLE | ☐ Change ☐ Addition |
| NAME | STONESIFER, MARIE | 22 NAME | |
| STREET ADDRESS | 1093 FLORENCE ROAD | 23 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANTA FL | 24 CITY-ST-ZIP | |
| TITLE | S | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CAPPELLA, ARTHUR | 32 NAME | |
| STREET ADDRESS | 1100 S FEDERAL HWY | 33 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BCH. FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I/We hereby certify that the information supplied with this filing 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] Sec. 4/28/95 (407) 732 3113

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Telephone Number)

0263448 CP