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
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70616 (8)

1. Corporation Name
D.A. LINDSEY AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
13065 MEADOWBREEZE DR. W. PALM BCH. FL 33414 US	13065 MEADOWBREEZE DR. WEST PALM BEACH FL 33414 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1985	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2569179	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	

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 2269	26 P.O. Box 2269
22 Suite, Apt # etc	27 Suite, Apt # etc
23 City & State: PALM CITY, FL.	28 City & State: PALM CITY, FL.
24 Zip: 34990 — 25 Country: U.S.	29 Zip: 34990 — 30 Country: U.S.

9. Name and Address of Current Registered Agent

LINDSEY, DAVID A.
13065 MEADOWBREEZE DR.
W. PALM BEACH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) ~~3176~~ S.W. Alexander Ct.
83 3176
84 City PAlm City FL 85 Zip Code 34990

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	☑ Change ☐ Addition
NAME	LINDSEY, DAVID A.	NAME	
STREET ADDRESS	13065 MEADOWBREEZE DR.	STREET ADDRESS	3176 S.W Alexander Ct.
CITY-ST-ZIP	W. PALM BEACH FL	CITY-ST-ZIP	PALM CITY, FL. 34990
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David A. Lindsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date — 407-223-8933 Daytime Phone #

0262318 CP