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 MAR 30 AM 8:33

DOCUMENT # **H91918** **(3)**

1. Corporation Name

ARLINGTON AIR CONDITIONING & HEATING, INC.

Principal Place of Business	Mailing Address
1930 UNIVERSITY BOULEVARD NORTH JACKSONVILLE FL 32211	1930 UNIVERSITY BOULEVARD NORTH JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1985	05/23/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	59-3084803	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	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
MEIDE, MOSES, JR. 817 N. MAIN STREET JACKSONVILLE FL 32202	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 (POB, Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PARKS, WILLIAM J., JR.	12 NAME	
STREET ADDRESS	1438 MAGNOLIA CIR. W.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	PARKS, JESSES A.	22 NAME	Parks, Jesse A.
STREET ADDRESS	1735 GRIFLET RD.	23 STREET ADDRESS	16 Tallwood Rd.
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville Beach, FL
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	PARKS, NANCY K.	32 NAME	
STREET ADDRESS	1438 MAGNOLIA CIR. W.	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	T ☒ Change ☐ Addition
NAME	DALY, ANNA M.	42 NAME	Daly, Anna M.
STREET ADDRESS	1438 MAGNOLIA CIRCLE WEST	43 STREET ADDRESS	2487 Winged Elm Dr. E.
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	Jacksonville, FL
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	PARKS, CHARLTON L	52 NAME	
STREET ADDRESS	2465 SPRING VALE ROAD	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	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 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: Anna M. Daly Treasurer 2-11-95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR FIELD OR DIRECTOR — Date — Daytime Phone #

ANNA M. DALY