FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporation or Qualified: **12/30/1985**

3a. Date of Last Report: **03/30/1995**

4. FEI Number: **59-3084803** [ ] 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MEIDE, MOSES, JR.
817 N. MAIN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 Section 607.1007 and/or 617.1007, 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

TITLE	P	[ ] DELETE
NAME	PARKS, WILLIAM J., JR.	
STREET ADDRESS	1438 MAGNOLIA CIR. W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	[ ] DELETE
NAME	PARKS, JESSES A.	
STREET ADDRESS	16 TALLWOOD RD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	S	[ ] DELETE
NAME	PARKS, NANCY K.	
STREET ADDRESS	1438 MAGNOLIA CIR. W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	[X] DELETE
NAME	DALY, ANNA M.	
STREET ADDRESS	2487 WINGED ELM DR. E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	[X] DELETE
NAME	PARKS, CHARLTON L	
STREET ADDRESS	2465 SPRING VALE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true, complete and accurate, and that I am executing this report in accordance with Section 607.0120(5), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

SIGNATURE: Nancy K. Parks 4-4-96 904 725-4402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Nancy K. Parks

CR2E034 (12/95)