

**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 MAY - 1 AM 8: 32

**DOCUMENT # H91920 (9)**

1. Corporation Name

**AAA AIR CONDITIONING AND APPLIANCE REPAIR, INC.**

Principal Place of Business

RT.2 BOX 4327-1  
CRAWFORDVILLE FL 32307  
US

Mailing Address

RT. 2 BOX 4327-1  
CRAWFORDVILLE FL 32327  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1985**      3a. Date of Last Report **07/05/1994**

2. Principal Place of Business  
21 #55, Aaron Road

2a. Mailing Address  
26 P.O. Box 1824

4. FEI Number  
**59-2615944**

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  
Crawfordville, FL

28 City & State  
Crawfordville, FL

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 32326

Country

29 Zip 32326

30 Country

7. This corporation has liability for intangible tax under S. 199, U.S.C., Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**DUGGER, MICHAEL W.**  
**205 SOUTH ADAMS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name **Arleta S. Kerr**  
82 Street Address (P.O. Box Number is Not Acceptable) **1625 Metropolitan Circle**  
83  
84 City **Tallahassee, FL**      85 Zip Code **32308**

I, 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

*Arleta S. Kerr*

(NOTE: Registered Agent signature required when reinstating)

DATE **4-26-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	FESMIRE, ROBIN CLARK
STREET ADDRESS	859 DERBYSHIRE ROAD
CITY - ST - ZIP	TALLAHASSEE FL
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>55 Aaron Rd Crawfordville FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>P.O. Box 1824</b>
13 STREET ADDRESS	<b>Crawfordville, FL 32326</b>
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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:

*Robin Fesmire*

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

DATE **4/26/95**

FILE NO. **904-893-9586**