

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J23690 (7)
1. Corporation Name
BILL WARD AIR CONDITIONING, INC.

Principal Place of Business
**4047 NE 10TH AVE.
FT. LAUDERDALE FL 33334**

Mailing Address
**4047 NE 10TH AVE.
FT. LAUDERDALE FL 33334**

APPROVED
AND
FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/14/1986** 3a. Date of Last Report **02/04/1994**
4. FEI Number **NOT APPLICABLE** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**WARD, BILL
4047 NE 10TH AVE
OAKLAND PARK FL 33334**

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 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

(Signature typed in printed name of registered agent and fee is required)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	WARD, BILL	1.2 NAME	
STREET ADDRESS	4047 NW 10TH AVENUE	1.3 STREET ADDRESS	
CITY, ST, ZIP	OAKLAND PARK FL	1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 110.07(3)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

WILLIAM L. LARID

4-28-95

565-7369