SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -3 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47456 (5)

1. Corporation Name
E & S AIR CONDITIONING AND HEATING, INC.

Principal Place of Business	Mailing Address
25 DRENNEN RD STE 1 ORLANDO FL 32806 US	25 DRENNEN RD STE 1 ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/17/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2850789 ☐ 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

9. Name and Address of Current Registered Agent

PYLE, FRANK J., JR
1525 E. ROBINSON ST
ORLANDO FL 32801

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 Void ... Void ... DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	11 TITLE	☑ Change ☐ Addition
NAME	BURNETT, WILLIAM E.	12 NAME	
STREET ADDRESS	2809 TOURAINE AVE.	13 STREET ADDRESS	1314 Appleton Ave.
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	32806
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	BURNETT, MARILYN M.	22 NAME	
STREET ADDRESS	2809 TOURAINE AVE.	23 STREET ADDRESS	1314 Appleton Ave.
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	32806
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BURNETT, WILLIAM B	32 NAME	
STREET ADDRESS	4438 LARADO PL	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: Marilyn M. Burnett Marilyn M. Burnett D 6/28/ 407-246-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0012001 CP