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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:13

DOCUMENT # **J99209** **(5)**

1. Corporation Name

A.C. INSTALLERS, INC.

Principal Place of Business	Mailing Address
% WARD B. CROWELL 11270 NW 39 CT CORAL SPRINGS FL 33065	% WARD B. CROWELL 11270 NW 39 CT CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/23/1987**
3a. Date of Last Report: **04/27/1994**

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):

4. FEI Number: **59-2850824** ☐ 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	10. Name and Address of New Registered Agent
CROWELL, WARD B. 11270 NW 39 CT CORAL SRPINGS FL 33065	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: Ward B Crowell — DATE: 7/20/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CROWELL, WARD B.	12 NAME		
STREET ADDRESS	11270 NW 39 CT	13 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	14 CITY ST ZIP		
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	CROWELL, FRANCES	22 NAME		
STREET ADDRESS	11270 NW 39 CT.	23 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	CROWELL, SCOTT	32 NAME		
STREET ADDRESS	11270 NW 39 CT	33 STREET ADDRESS		
CITY ST ZIP	CORAL SPRINGS FL	34 CITY ST ZIP	TREASURER	
TITLE		41 TITLE		☐ Change ☑ Addition
NAME		42 NAME	CROWELL, WARD III	
STREET ADDRESS		43 STREET ADDRESS	11270 NW 39CT	
CITY ST ZIP		44 CITY ST ZIP	CORAL SPRINGS FL	
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: Ward B Crowell — 7/20/95 — 305 752-0141
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0026220 CP