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

APPROVED AND FILED
95 MAY -1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02844** **(3)**

1. Corporation Name
JACARANDA AIR CONDITIONING APPLIANCE SERVICE COR P.

Principal Place of Business	Mailing Address
1821 W OAKLAND PARK BLVD OAKLAND PARK FL 33311	1821 W OAKLAND PARK BLVD OAKLAND PARK FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1989**
3a. Date of Last Report: **08/26/1994**

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

4. FEI Number: **65-0138709** ☐ 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

CAMPBELL, ASTON
1360 NW 54 TERRACE
LAUDERHILL FL 33315

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	CAMPBELL, ASTON	12 NAME	
STREET ADDRESS	~~1360 NW 54 TERRACE~~	13 STREET ADDRESS	1601 SW 67 AVE
CITY-ST-ZIP	~~LAUDERHILL FL~~	14 CITY ST ZIP	POMPANO FLA 33068
TITLE	~~DS~~	21 TITLE	BRENDA DS V.P ☐ Change ☒ Addition
NAME	~~CAMPBELL, CITREA~~	22 NAME	
STREET ADDRESS	~~1360 NW 54 TERRACE~~	23 STREET ADDRESS	5434 NW 10 Ct. # 106
CITY-ST-ZIP	~~LAUDERHILL FL~~	24 CITY-ST-ZIP	PLANTATION FLA 33313
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	~~GRANSTON, CLIFFORD A.~~	32 NAME	
STREET ADDRESS	~~2903 NW 56 AVE. APT. AT~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~LAUDERHILL FL 33313~~	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	

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: _____ Pres. 04/29/95 305 739-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0219104 CP