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 APR 20 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05604 (8)

1. Corporation Name
SHAMROCK AIR CONDITIONING, INC.

Principal Place of Business	Mailing Address
3570 LIBBY COURT WEST PALM BEACH FL 33406	3570 LIBBY COURT WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/31/1989
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	20. Mailing Address	4. FEI Number: 65-0128555 ☐ Applied For ☐ Not Applicable
21: 3119 Lake Worth Rd.		
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
City & State 23: Lake Worth, Fla	City & State 28:	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: 33461 / County 25: Palm Bch	Zip 29: / Country 30:	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOYNER, CHRIS
3570 LIBBY COURT
W PALM BCH FL 33406

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	JOYNER, CHRISTOPHER SR	1.2 NAME	
STREET ADDRESS	3570 LIBBY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	JOYNER, KELLI A.	2.2 NAME	
STREET ADDRESS	3570 LIBBY C T.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	JOYNER, KELLI A.	3.2 NAME	
STREET ADDRESS	3570 LIBBY CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WAITE, MICHAEL A.	4.2 NAME	
STREET ADDRESS	6195 ARCADE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKEWORTH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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 added on an attachment with an address.

SIGNATURE: Kelli A Joyner Kelli A. Joyner 1-18-95 407 433 2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR4E060 CP