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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

L52462

(3)

DOCUMENT #

1. Corporation Name

AIRWORKS AIR CONDITIONING, INC.										
Principal Place of Business Mailing Address  C/O CHARLES R. CAREY 1431-A N.E. 32ND AVENUE 0CALA FL 34470 OCALA FL 34470 OCALA FL 34470										
US		US			3. Date Incorporated or Qualified 02/23/1990	3a. Date of Last Report 05/01/1995				
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-2995832	Applied For				
21		26 Suita Ant # eta	Suite, Apt. #, etc.			39 2993032	Not Applicable  \$8.75 Additional			<del>'</del>
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	<b>⊠</b>		Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	-
Zip	Country 25	Zip <b>29</b>	30 Cou			8. This corporation has liability for in Florida Statutes Yes	ntangibie ta. No	k under s	199.032,	
24	9. Name and Address of Current			[30]		10. Name and Address of New R		agent		
	······································			81	Name					
	CHARLES R.			62	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			-
	n.e. 32ND ave. Fl 34470			83						_
OUNLA	FL 344/U									4
				84	City		FL	<b>85</b> Zip	o Code	
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authorize	ed by the i	ove-n corpo	amed corpora oration's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of cha pintment as	nging its re registered	egistered offic agent. I am	e
SIGNATURE _							DATE			.  _
12.	ilgrature, typed or printed name of registered agent and title if applicable (NOTE: Reg OFFICERS AND DIRECTORS			i Ageni	t signature required	ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12	– શ
TITLE	P	☐ DELETE	13. 1. 1 TITLE					Change	Addition	R2E034 (12/95)
NAME	CAREY, CHARLES R.			1.2 NAME						8
STREET ADDRESS	2425 S.E. 13TH STREET		1.3 S	TREET	ADDRESS					
CITY - ST - ZIP	OCALA FL			HY-S	I - ZiP				<b>(5)</b>	<u> </u>
TITLE	ST CAPEY DADDADA	☐ DELETE	2 11				L	Change	Addition	
NAME	CAREY, BARBARA A.		22 NAME							
STREET ADDRESS	2425 S.E. 13TH STREET OCALA FL				ADDRESS					
CITY - ST - ZIP	CEO	[ ] DELETE	24 CITY- 3 1 TITLE		T-ZIP		г	Change	Addition	
THILE	CAREY, CHARLES R.	☐ BECEILE	3.2 N				<b>t.</b>			
NAME	2425 S.E. 13TH STREET				ADDRESS					
STREET ADDRESS	OCALA FL			ITY - S						
CITY-ST-ZIP TITLE		DELETE	4.1		. 2"			Change	Addition	
NAME		_	4.2 N	4.2 NAME						- [
STREET ADDRESS					ADDRESS					
CrTY-ST-ZiP			4.4 CITY-ST		T-21P					
TITLE		☐ DEL <b>É</b> TE	5.1					Change	Addition	
NAME			5 2 N	5 2 NAME						
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
CHTY - ST - ZIP			540	5 4 CITY-ST-ZIF						_
THILE		☐ DELETE	6 1 TiTLI				[	Change	Addition	
NAME			621	IAME						
STREET ADORESS			635	TREET	ADDRESS					
CITY-SI-ZIP	No the state of th	tith this files is not need to be		ITY-S		or the exemption stated in Section 119	07(3)(L) FIG	rida Statut	tes I further	
Id Ldo borob	u certiru that the information suitiblied v	ADIO IDIS TIBOO IS VOILIDIADIV TUM	выен апо	uce:	s doi duality 11	いここの もんせいしいいい ふははじ いしつせいいい コーラ	OFFICIENT FILE	4 NG DIGIUI	COLUMN TO COLUMN	- 1

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)(k). 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:

Saubrul Corey Sec/Treas Barbara A. Carey

4/22/96 3526799534