

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:17

DOCUMENT # **M92137** (2)

1. Corporation Name
ACCU-AIR COOLING SERVICE, INC.

Principal Place of Business Mailing Address
P. O. BOX 300 ORANGE PARK FL 32067 **P. O. BOX 300 ORANGE PARK FL 32067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1988	3a. Date of Last Report 03/21/1994
4. FEI Number 59-2901695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under Section 190.001, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21. ACCU-AIR COOLING SER, INC	26. ACCU-AIR COOLING SER, INC		
22. 8562 ALICANTA AVE	27. 8562 ALICANTA AVE.		
23. ORANGE PARK, FL.	28. ORANGE PARK, FL.		
24. 32073	25. DUAL	29. 32073	30. DUAL

9. Name and Address of Current Registered Agent

**WINKLER, JOHN S.
2515 OAK STREET
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Applicable)	
B3. City	
B4. State	FL
B5. 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, hereby accept the appointment of its present registered office, familiar with, and accept the obligations of Section 607.0508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEO, CHARLES HENRY
STREET ADDRESS	404 HARVEST BEND DRIVE
CITY, ST, ZIP	ORANGE PARK FL
TITLE	D
NAME	LEO, BRENDA KAY
STREET ADDRESS	404 HARVEST BEND DRIVE
CITY, ST, ZIP	ORANGE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 190, Florida Statutes, and that the information furnished on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if such a certificate were signed by an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 (if exempt) or on an attachment with an address.

SIGNATURE: *Charles Leo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

2-16-95 (704) 278-9100