# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24

DOCUMENT # **M94173** **(5)**

1. Corporation Name
**TRANSIT AIR CONDITIONING SYSTEMS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4446 OLD WINTER GARDEN ROAD<br>ORLANDO FL 32811 | 4446 OLD WINTER GARDEN ROAD<br>ORLANDO FL 32811 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/09/1988 | 3a. Date of Last Report: 05/20/1994 |
| 4. FEI Number: 59-2901632 | ☐ 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 | |

| 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) |

**9. Name and Address of Current Registered Agent**

BOKALO, TARAS P
1811 LAKE DRIVE
CASSELBERRY FL 32707

**10. Name and Address of New Registered Agent**

81 Name: BOKALO, TARAS P
82 Street Address (P.O. Box Number is Not Acceptable): 15234- ARABIAN WAY
83: MONTVERDE, FLORIDA 34756
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 | V | 11 TITLE | V | ☒ Change ☐ Addition |
| NAME | BOKALO, GEORGE | 12 NAME | BOKALO, GEORGE | |
| STREET ADDRESS | 105 N FIELD DR | 13 STREET ADDRESS | 4446-Old Winter Garden Road | |
| CITY · ST · ZIP | WARNER ROBINS GA | 14 CITY · ST · ZIP | Orlando, Florida 32811 | |
| TITLE | PD | 21 TITLE | PD | ☒ Change ☐ Addition |
| NAME | BOKALO, TARAS P | 22 NAME | BOKALO, TARAS P | |
| STREET ADDRESS | 4446 OLD WINTER GARDEN RD | 23 STREET ADDRESS | 15234-Arabian Way | |
| CITY · ST · ZIP | ORLANDO FL | 24 CITY · ST · ZIP | Montverde, Florida 34756 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY · ST · ZIP | | 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:** Taras P. Bokalo TARAS P. BOKALO 05-17-95 (407) 298-4066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000604 CP