

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

APPROVED
AND
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95 APR -7 AM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P30850 (2)

1. Corporation Name

WOODALL'S AIR CONDITIONING SERVICES, INC.

Principal Place of Business

Mailing Address

3604 OLD COTTONDALE RD
P.O. BOX 352
MARIANNA FL 32446

3604 OLD COTTONDALE RD
P.O. BOX 352
MARIANNA FL 32446
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1990

3a. Date of Last Report

02/14/1994

4. FEI Number

63-1027396

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 3608 Hwy 90

26 3608 Hwy 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ~~3608 Hwy 90~~

27 ~~3608 Hwy 90~~

City & State

City & State

23 Marianna FL

28 Marianna FL

Zip

Country

Zip

Country

24 32446

25 USA

29 32446

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOODALL, CHARLES L.
3954 OLD COTTONDALE ROAD
MARIANNA FL 32446

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

Signature typed or printed name of registered agent and the corporation

(If 901, Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

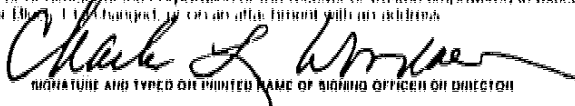
TITLE	PD
NAME	WOODALL, CHARLES L.
STREET ADDRESS	ROUTE 3, BOX 352
CITY, ST, ZIP	DOTHAN AL
TITLE	VD
NAME	WILSON, FORREST CLAY
STREET ADDRESS	1326 NORTHFIELD CIRCLE
CITY, ST, ZIP	DOTHAN AL
TITLE	SD
NAME	WOODALL, JOANN S.
STREET ADDRESS	ROUTE 3, BOX 352
CITY, ST, ZIP	DOTHAN AL
TITLE	TD
NAME	WILSON, KAREN MARIE
STREET ADDRESS	1326 NORTHFIELD CIRCLE
CITY, ST, ZIP	DOTHAN AL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.117(9)(b), Florida Statutes. I further certify that the information indicated as 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 of this filing, or on an official report with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95

904-481-8802