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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

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 392~~ ~~MARIANNA FL 32446~~	~~3954 OLD COTTONDALE RD~~ ~~P O BOX 392~~ ~~MARIANNA FL 32447~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/14/1990	02/14/1994

2. Principal Place of Business	2a. Mailing Address
21 3608 Hwy 90	26 3608 Hwy 90
Suite, Apt. #, etc. 22 ~~P O Box 392~~	Suite, Apt. #, etc. 27 ~~P O Box 392~~
City & State 23 Marianna FL	City & State 28 Marianna FL
Zip 24 32446 Country 25 USA	Zip 29 32446 Country 30 USA

4. FEI Number 63-1027396 — 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

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 _____ DATE _____
(Signature, typed or printed name of registered agent, and title, if applicable) (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WOODALL, CHARLES L.	12 NAME	
STREET ADDRESS	ROUTE 3, BOX 352	13 STREET ADDRESS	
CITY ST ZIP	DOTHAN AL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, FORREST CLAY	22 NAME	
STREET ADDRESS	1326 NORTHFIELD CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	DOTHAN AL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WOODALL, JOANN S.	32 NAME	
STREET ADDRESS	ROUTE 3, BOX 352	33 STREET ADDRESS	
CITY ST ZIP	DOTHAN AL	34 CITY ST ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WILSON, KAREN MARIE	42 NAME	
STREET ADDRESS	1326 NORTHFIELD CIRCLE	43 STREET ADDRESS	
CITY ST ZIP	DOTHAN AL	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 with an address with an asterisk.

SIGNATURE: Charles L. Woodall 3/29/95 904-481-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0411250 FP