

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



APPROVED AND FILED

95 MAY -1 PM 8:25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P92000007364 (2)

1. Corporation Name

ADVANCED AIR CONDITIONING AND REFRIGERATION, INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 2930 MAINE AVENUE, LAKELAND FL 33801 US

Mailing Address: P.O. BOX 2551, N/A, EATON PARK FL 33840 US

3. Date Incorporated or Qualified: 11/17/1992

3a. Date of Last Report Applied For: 05/01/1994

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: 59-3150562

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: MURPHY, RONALD T, 4740 CLEVELAND HEIGHTS BLVD., LAKELAND FL 33813

10. Name and Address of New Registered Agent: 81 Name: Barry Stephens, 82 Street Address (P.O. Box Number is Not Acceptable): 103 Homewood Drive, 83 Winter Haven, FL 33880, 84 City: Winter Haven, FL, 85 Zip Code: 33880

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: *Barry Stephens* (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIGLIO, JOHN P
STREET ADDRESS	2930 MAINE AVE
CITY - ST - ZIP	EATON PARK FL
TITLE	VP
NAME	STEPHENS, JOYCE
STREET ADDRESS	103 HOMEWOOD DR
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	VP
NAME	MATLOCK, DANIEL
STREET ADDRESS	535 RIDGE AVE
CITY - ST - ZIP	LAKE ANFRED FL
TITLE	ST
NAME	STEPHENS, BARRY
STREET ADDRESS	103 HOMEWOOD DR
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete
1.3 STREET ADDRESS	Delete
1.4 CITY - ST - ZIP	Delete
2.1 TITLE	VP/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephens, Joyce
2.3 STREET ADDRESS	103 Homewood Drive
2.4 CITY - ST - ZIP	Winter Haven, FL 33880
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete
3.3 STREET ADDRESS	Delete
3.4 CITY - ST - ZIP	Delete
4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Stephens, Barry
4.3 STREET ADDRESS	103 Homewood Drive
4.4 CITY - ST - ZIP	Winter Haven, FL 33880
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 1 (10.07(3)(b), 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: *Barry Stephens* Barry Stephens March 30, 1995 813 665-4876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Florida #)