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 JUN -1 AM 11:26

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000001303 (5)

1. Corporation Name

A-BETTER AIR CONDITIONING CO., INC.

Principal Place of Business
2595 S.W. 14TH STREET
BOYNTON BEACH FL 33426

Mailing Address
2595 S.W. 14TH STREET
BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: 12/31/1992
3a. Date of Last Report: 06/07/1994
4. FEI Number: 65-0395873 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business [21] — Suite, Apt. #, etc. [22] — City & State [23] — Zip [24] — Country [25]
2a. Mailing Address [26] — Suite, Apt. #, etc. [27] — City & State [28] — Zip [29] — Country [30]

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

SHEPPARD, MICHAEL L
2595 S.W. 14TH STREET
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

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 ________

12. OFFICERS AND DIRECTORS

TITLE	DPTR
NAME	SHEPPARD, MICHAEL L
STREET ADDRESS	2595 S.W. 14TH STREET
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	S
NAME	SHEPPARD, LINDA E
STREET ADDRESS	2595 SW 14TH ST
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP		☐ Change ☐ Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP		☐ Change ☐ Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ 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 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: MICHAEL L. SHEPPARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/95
Date

Daytime Phone #

0284844 CP