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

APPROVED AND FILED

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030505 (0)**

1. Corporation Name

WHITAKER & O'NEIL AIR CONDITIONING, HEATING, & R EFRIGERATION, INC.

Principal Place of Business	Mailing Address
270 FOREST LAKE DR SUITE B ALTAMONTE SPRINGS FL 32714 US	270 FOREST LAKE DR SUITE B ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3183860	☐ Applied For ☐ Not Applicable
21 270 FOREST LAKE DR	26 270 FOREST LAKE DR		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: ALTAMONTE SPRINGS FL	28 City & State: ALTAMONTE SPRINGS FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 32714 25 County: US	29 Zip: 32714 30 County: US	8. This corporation has agency for investigation (see s. 286.022, Florida Statutes) ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

WHITAKER, JAMES T
270 FOREST LAKE DR
ALTAMONTE SPRINGS FL 32714

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: (Typed or printed name of registered agent and, if applicable, the officer) (If changing Registered Agent, signature required from new agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	WHITAKER, JAMES T	12 NAME	O'NEIL, BRUCE L.
STREET ADDRESS	270 FOREST LAKE DR	13 STREET ADDRESS	270 FOREST LAKE DR
CITY ST ZIP	ALTAMONTE SPRINGS FL	14 CITY ST ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	VP	21 TITLE	VICE PRESIDENT ☒ Change ☐ Addition
NAME	O'NEIL, BRUCE L	22 NAME	WHITAKER, JAMES T.
STREET ADDRESS	270 FOREST LAKE DR	23 STREET ADDRESS	270 FOREST LAKE DR
CITY ST ZIP	ALTAMONTE SPRINGS FL	24 CITY ST ZIP	ALTAMONTE SPRINGS FL 32714
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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Bruce L. O'Neil BRUCE L. O'NEIL PRESIDENT 4-24-95 407-788-2651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030502 CP