

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045853 (7)

1. Corporation Name

PARKS AIR CONDITIONING & HEATING, INC.



Principal Place of Business

1930 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

Mailing Address

1930 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

NEW ADDRESS

2. Principal Place of Business

21 5860 ARLINGTON RD.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32211

Country

25 DUVAL

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28 SAME

Zip

29 32211

Country

30 USA

9. Name and Address of Current Registered Agent

MEIDE, MOSES JR
817 N. MAIN STREET
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

06/09/1995

4. FEI Number

59-3198331

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

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
PARKS, WILLIAM J III
STREET ADDRESS 81 W. 8TH ST.
CITY- ST- ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PRESIDENT, PRES.
PARKS, WILLIAM J III
1.3 STREET ADDRESS 5860 ARLINGTON RD
1.4 CITY- ST- ZIP JACKSONVILLE, FL 32211

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME VICE PRES, & SECTY
PARKS, ROCHELLE L.
2.3 STREET ADDRESS 5860 ARLINGTON RD
2.4 CITY- ST- ZIP JACKSONVILLE, FL 32211

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT, PRES.

4-2296 9047439004
Daytime Phone

CR2E034 (12/95)