

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

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FILED
SECRETARY OF STATE
U. S. DEPT. OF CORPORATIONS

95 MAY -1 PM 1:34

DOCUMENT # **P94000075895 (0)**

QUALITY AIR-CONDITIONING AND REFRIGERATION INC.

4510 FLINTLOCK LOOP LAKELAND FL 33809		4510 FLINTLOCK LOOP LAKELAND FL 33809		DO NOT WRITE IN THIS SPACE 3. Date Reported or Due Date: 10/13/1994 3a. Date of Last Report: _____ 4. FE Number: 59-3271959 4b. 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 Fee 8. This corporation has liability for intangible tax under § 199.02, Florida Statutes: ☐ Yes ☒ No	
2. Other Part of Name of Business: _____ 21. Federal Agent # and State: _____ 22. City & State: _____ 23. _____ 24. _____		2a. Mailing Address: _____ 26. State Agent # and State: _____ 27. City & State: _____ 28. _____ 29. _____		30. _____ 9. Name and Address of Current Registered Agent: WILSON, HARLEY J 4510 FLINTLOCK LOOP LAKELAND FL 33809	
		10. Name and Address of New Registered Agent: B1. Name: _____ B2. Street Address (P.O. Box Number is Not Acceptable): _____ B3. _____ B4. City: _____		B5. Zip Code: FL	
11. Pursuant to the provisions of Sections 190.01 and 190.02, 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. No change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I agree to comply with and accept the obligations of Section 190.02, Florida Statutes.					
12. OFFICERS AND DIRECTORS: NAME: President DIRECT ADDRESS: Harley J. Wilson CITY: 4510 Flintlock Loop Lakeland FL 33809					
13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1: 1. NAME: _____ 1.1 DIRECT ADDRESS: _____ 1.1.1 CITY: _____ 2. NAME: _____ 2.1 DIRECT ADDRESS: _____ 2.1.1 CITY: _____ 3. NAME: _____ 3.1 DIRECT ADDRESS: _____ 3.1.1 CITY: _____ 4. NAME: _____ 4.1 DIRECT ADDRESS: _____ 4.1.1 CITY: _____ 5. NAME: _____ 5.1 DIRECT ADDRESS: _____ 5.1.1 CITY: _____ 6. NAME: _____ 6.1 DIRECT ADDRESS: _____ 6.1.1 CITY: _____					
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.01(2)(b), Florida Statutes. I further certify that the information included in 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 eligible candidate for the corporation or the receiver or trustee empowered to make this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 1 of a Block 1 of a changed of officers filing with an address.					
SIGNATURE: Harley J. Wilson 4/28/95 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Harley J. Wilson President 813-682-0073					