

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000035929 (5)**

1. Corporation Name

ASBURY HEATING & ~~SIR~~ CONDITIONING, INC.
AIR

Principal Place of Business

315 SIMMONS ~~TRAIL~~ STE C
GREEN COVE SPRINGS FL 32043

Mailing Address

315 SIMMONS ~~TRAIL~~ STE C
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

21 **221 Cokesbury Ct**
Suite, Apt. #, etc.

2a. Mailing Address

26 **Same As**
Suite, Apt. #, etc.

22

23 **Green Cove Springs, FL**
City & State

27

28

City & State

24 **32043**

25 **City**

29 **32043**

30

Country

3. Date Incorporated or Qualified
05/02/1995

3a. Date of Last Report

4. FEI Number

59-3315160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

16. 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

**GUINAN, KENNETH
615 SIMMONS TRAIL, STE C
GREEN COVE SPRINGS FL 32043**

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 title if applicable

NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINSHAB, SHEILA M		1.2 NAME	
STREET ADDRESS	221 COKESBURY COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINSHAB, RICHARD D		2.2 NAME	
STREET ADDRESS	221 COKESBURY COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISK, ROBERT E		3.2 NAME	
STREET ADDRESS	221 COKESBURY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUINAN, KENNETH		4.2 NAME	
STREET ADDRESS	1073 GUNKA ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: *Sheila M. Painschab* 4/13/96 904-282-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)