

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09325 (4)

1. Corporation Name
GORDON AIR CONDITIONING AND ASSOCIATES, INC.

Principal Place of Business Mailing Address
**3182 E. HIGHWAY 90 P.O. BOX 1758
CRESTVIEW FL 32536 CRESTVIEW FL 32536
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
01/24/1992 05/24/1994

2. Principal Place of Business 2a. Mailing Address
21 3182 E. James Lee Blvd. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
59-3101585 Not Applicable

22 27
City & State City & State
23 Crestview, FL 28

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 25 29 30
Zip Country Zip Country
32539 USA

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GORDON, BRADY
3182 HIGHWAY 90 EAST
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent
81 Name
Gordon, Brady
82 Street Address (P.O. Box Number is Not Acceptable)
3182 E. James Lee Blvd
83
84 City 85 Zip Code
Crestview FL 32539

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	GORDON, BRADY
STREET ADDRESS	3182 E. HIGHWAY 90
CITY - ST - ZIP	CRESTVIEW FL
TITLE	VP
NAME	GORDON, EDNA L.
STREET ADDRESS	3182 E. HIGHWAY 90
CITY - ST - ZIP	CRESTVIEW FL
TITLE	ST
NAME	GORDON, PATRICIA L.
STREET ADDRESS	3182 E. HIGHWAY 90
CITY - ST - ZIP	CRESTVIEW FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gordon, Brady
1.3 STREET ADDRESS	3182 E. James Lee Blvd.
1.4 CITY - ST - ZIP	Crestview, FL 32539
2.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gordon, Edna L.
2.3 STREET ADDRESS	3182 E. James Lee Blvd.
2.4 CITY - ST - ZIP	Crestview, FL 32539
3.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gordon, Patricia L.
3.3 STREET ADDRESS	3182 E. James Lee Blvd.
3.4 CITY - ST - ZIP	Crestview, FL 32539
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: Patricia L. Gordon Patricia L. Gordon 4-28-95 (904) 662-5509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Area #)