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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:18

DOCUMENT # V33732 (1)

1. Corporation Name
OAKWOOD TEMP CONTROL, INC.

Principal Place of Business
314 PONTOTOC ST
AUBURNDALE FL 33823

Mailing Address
314 PONTOTOC ST
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1992
3a. Date of Last Report: 06/06/1994

2. Principal Place of Business
21 305 Pontotoc St
Suite, Apt. #, etc.
22
City & State
23 Auburndale, Florida
Zip
24 33823
Country
25 U.S.A.

2a. Mailing Address
26 305 Pontotoc St
Suite, Apt. #, etc.
27
City & State
28 Auburndale, Florida
Zip
29 33823
Country
30 U.S.A.

4. FEI Number: 59-3152664 ☐ 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

9. Name and Address of Current Registered Agent

STOJKIC, T J
1517 COMMERCIAL PARK DR
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name: Berti, Gino
82 Street Address (P.O. Box Number is Not Acceptable): 305 Pontotoc St
83
84 City: Auburndale FL
85 Zip Code: 33823

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]

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERTI, GINO
STREET ADDRESS	4225 SHADOW WOOD CT.
CITY ST ZIP	WINTER HAVEN FL 33880
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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	VP /D	☐ Change ☒ Addition
1 2 NAME	Berti, Anthony	
1 3 STREET ADDRESS	305 Pontotoc St	
1 4 CITY ST ZIP	Auburndale, FL 33823	
2 1 TITLE	T/S /D	☐ Change ☒ Addition
2 2 NAME	Berti, Mary	
2 3 STREET ADDRESS	305 Pontotoc St	
2 4 CITY ST ZIP	Auburndale, FL 33823	
3 1 TITLE	P/D	☒ Change ☐ Addition
3 2 NAME	Berti, Gino	
3 3 STREET ADDRESS	305 Pontotoc St	
3 4 CITY ST ZIP	Auburndale, FL 33823	
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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Gino Berti, President 813-967-7399

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