

2-6-95 0-999-0
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # J20659 (5)
 1. Corporation Name
FLORIDA AIR CONDITIONERS, INC.

Principal Place of Business Mailing Address
 2145 DENNIS STREET 2145 DENNIS STREET
 P.O. BOX 2915 P.O. BOX 2915
 JACKSONVILLE FL 32203 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 21 Suite, Apt. #, etc.
 City & State 21 City & State
 Zip Country 24 25

3. Date Incorporated or Qualified 3a. Date of Last Report
 06/24/1986 02/03/1994
 4. FEI Number Applied For
 06-1182513 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 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
 DERRICK, L.A.
 2145 DENNIS STREET
 JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City State Zip Code

200.00
 Changes
 from
 Jones
 47

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

12. OFFICERS AND DIRECTORS

TITLE	ST
NAME	SANDIFER, T.N.
STREET ADDRESS	2145 DENNIS ST
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	P
NAME	SANDIFER, M.A.
STREET ADDRESS	2145 DENNIS STREET
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	ST
NAME	DERRICK, L.A.
STREET ADDRESS	2145 DENNIS STREET
CITY- ST- ZIP	JACKSONVILLE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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)(a), Florida Statutes. I further certify that the information indicated on the 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 13a, if it changes, or on the appointment with an address.

SIGNATURE: _____ DATE: 1/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR