

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

**APPROVED
AND
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95 JUL -3 AM 9:16

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathews
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079625 (8)

1. Corporation Name
SABAL AIR-VAC, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4935 SHADE TREE
COCOA FL 32928**

Mailing Address
**4935 SHADE TREE
COCOA FL 32928**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/18/1993** 3a. Date of Last Report **06/14/1994**

2. Previous Name of Business
21. **SMILE** 26. Mailing Address
26. **SMILE**

4. FEI Number **59-3213662** Applied For
Not Applicable

22. State Apt # etc
27. State Apt # etc

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

23. City & State
28. City & State

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

24. 25. 29. 30.

7. This corporation has liability for this system fee under Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROCKWELL, JUDY
4935 SHADE TREE STREET
COCOA FL 32928**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 407 (a)(2) and 407 (5)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent of both in the State of Florida. Such change was authorized by this corporation's Board of Directors. I hereby accept the appointment as registered agent. I am hereby accepting the appointment as registered agent. I am hereby accepting the appointment as registered agent.

Signature of Registered Agent (Print Name) _____ Signature of Registered Agent (Print Name) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME D ROCKWELL, JUDY 4935 SHADE TREE COCOA FL 32928		1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME D WILLEKE, ROBERT N JR 4935 SHADE TREE COCOA FL 32928		2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME		14. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME		16. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		17. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		18. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		19. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		20. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (07)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial report is true and complete and that my registration shall remain in effect until the day of my next filing with the State of Florida. I am hereby accepting the appointment as registered agent of the corporation or the receiver or trustee empowered to make this report as required by Chapter 407, Florida Statutes, and that my return appears on Block 12 of Form 11.

SIGNATURE: *Robert N. Willeke Jr.* 5-6-95 767-6337009
SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR