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 APR 12 PM 10:06

DOCUMENT # F19728 (7)

1. Corporation Name
M.G. MECHANICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
% TERRY M KELLY ~~880 E BAYA AVENUE~~ LAKE CITY FL 32055	PO BOX 1116 LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/13/1981
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business
21: Rt 13, Box 418
22: Suite, Apt. #, etc.
23: City & State: LAKE CITY, FL
24: Zip: 32055
25: Country: Columbia

2a. Mailing Address
26: P.O. Box 1116
27: Suite, Apt. #, etc.
28: City & State: LAKE CITY, FL
29: Zip: 32052-1116
30: Country: Columbia

4. FEI Number: 59-2131689 ☐ 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

KELLY, TERRY M
~~880 E BAYA AVENUE~~
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: TERRY M. KELLY
82 Street Address (P.O. Box Number is Not Acceptable): Rt 13, Box 418
83:
84 City: LAKE CITY FL 85 Zip Code: 32055

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P.D	☐ Change ☐ Addition
NAME	KELLY, JAMES R	1.2 NAME	JAMES R. KELLY	
STREET ADDRESS	~~880 E BAYA AVENUE~~	1.3 STREET ADDRESS	Rt 13, Box 418	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	KELLY, JACK S	2.2 NAME	JACK S. KELLY	
STREET ADDRESS	~~880 E BAYA AVENUE~~	2.3 STREET ADDRESS	Rt 13, Box 418	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VPSD	3.1 TITLE	V.P.S.T.D.	☒ Change ☐ Addition
NAME	KELLY, TERRY M	3.2 NAME	TERRY M. KELLY	
STREET ADDRESS	~~880 E BAYA AVENUE~~	3.3 STREET ADDRESS	RT. 13 Box 418	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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: Terry M. Kelly TERRY M. KELLY 4/7/95 904-752-1752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006277 CP