

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F19728** (7)

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

Principal Place of Business RT 13 BOX 418 880 E BAY AVENUE LAKE CITY FL 32055 US	Mailing Address P O BOX 1116 LAKE CITY FL 32056-1116 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1981	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2131689	Applied For ☐ Not Applicable
23. Zip	25. Country	29. Zip	30. Country	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 TERRY M. KELLY RT 13 BOX 418 LAKE CITY FL 32055		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		FL	85. Zip Code

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, JAMES R	1.2 NAME	
STREET ADDRESS	RT 13 BOX 418	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	1.4 CITY- ST- ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, JACK S	2.2 NAME	
STREET ADDRESS	RT 13 BOX 418	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	2.4 CITY- ST- ZIP	
TITLE	VPSD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KELLY, TERRY M	3.2 NAME	
STREET ADDRESS	RT 13 BOX 418	3.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL	3.4 CITY- ST- ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELETE	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 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: Terry M. Kelly TERRY M. KELLY 4/14/97 (904) 752-1752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)