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

APPROVED AND FILED

95 APR 26 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F44766 (6)

1. Corporation Name

H & H MECHANICAL, INC.

Principal Place of Business	Mailing Address
10204 FISHER AVE. TAMPA FL 33619 US	P.O. BOX 1196 BRANDON FL 33509 US

3. Date Incorporated or Qualified: 09/16/1981
3a. Date of Last Report: 01/28/1994
4. FEI Number: 59-2123683 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HAGEDORN, WILLIAM
872 TIMBER POND DRIVE
BRANDON FL 33510

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	V	☑ Change ☐ Addition
NAME	HAGEDORN, WILLIAM	1.2 NAME	Hagedorn, William	
STREET ADDRESS	872 TIMBER POND DRIVE	1.3 STREET ADDRESS	872 Timber Pond Drive	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Brandon, Fl	
TITLE	ST	2.1 TITLE	P	☑ Change ☐ Addition
NAME	HAGEDORN, DALE	2.2 NAME	Hagedorn, Dale	
STREET ADDRESS	1002 TAYLOR ROAD	2.3 STREET ADDRESS	1002 Taylor Road	
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Brandon, Fl	
TITLE	V	3.1 TITLE	ST	☑ Change ☐ Addition
NAME	HAGEDORN, ALLEN	3.2 NAME	Hagedorn, Allen	
STREET ADDRESS	2114 WOODBERRY RD.	3.3 STREET ADDRESS	2114 Woodberry Rd	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	Brandon, Fl	
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: Dale Hagedorn Pres. 1/25/95 813-689-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000007 CP