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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006256 1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90064 003 ***150.00

CULLUM MECHANICAL CONSTRUCTION; INC.						e se wen					
Principal Place of Business Mailing Address							- 	(1) 50 ()(06)((13		INDI BILIT DILI 1801	
P.O. BOX 40368 P.O. BOX 40368 CHARLESTON SC 29423-0368 CHARLESTON SC 29423-0368			8				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							12/07/1994				
2. Principal P	2a. Mailing Address	iling Address							Applied For		
21		26	1				57-0546491	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 Additional				
22		27					3. Cermone of Outro Desired		Fee	Required	
City & Stat	City & State City & State						6. Election Campaign Financing			00 May Be	
23	28						Trust Fund Contribution			ed to Fees	
Zip	Country						8. This corporation owes the curr				
24	25 29 30						Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	Registered Agent		81	Nam		10. Name and Address of New I	<u>kegistered A</u>	yent	· · · · · · · · · · · · · · · · · · ·	
CT (CORPORATION SYSTEM			"	Mam	e					
	SOUTH PINE ISLAND ROAD			82	Stree	t Addre	ss (P.O. Box Number is Not Accepta	able)			
	NTATION FL 33324	-		83					• 2		
	,			84	City	·		F* 1	85 2	Zip Code	
								<u> </u>	$\perp \perp$		
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 agen	t and title if applicable. (NOTE:	Registered	Agen	nt signatur	e required	when reinstating)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AND			
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NAME	CULLUM, FURMAN R	1.2 N		1.2 NAME							
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14. I 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TAME AN KLEZE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR