

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90234 005 ***150.00

DOCUMENT # F99000005533

1. Entity Name

WET MECHANICAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 472
 CITRONELLE AL 36522

P.O. BOX 472
 CITRONELLE AL 36522-0472

2. Principal Place of Business

14925 Elmer Turner Rd.

3. Mailing Address

14925 Elmer Turner Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Citronelle, AL

City & State

Citronelle, AL

4. FEI Number

63-1213379

Applied For

Not Applicable

Zip

36522

Country

USA

Zip

36522

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P	CREEL, WILLIAM T	19140 LONNIE WALKER ROAD	CITRONELLE AL 36522	<input checked="" type="checkbox"/>
ST	MORRIS, MARILYN J	15075 ELMER TURNER ROAD	CITRONELLE AL 36522	<input type="checkbox"/>
D	CREEL, ROSA M	19140 LONNIE WALKER ROAD	CITRONELLE AL 36522	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	President			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Vice President	Claude M. Gouge	13801 Hwy 441 SE #136 Oklawaha, FL 34974	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn J. Morris

4/28/00

Date

(334) 866-9979

Daytime Phone #

CR2E034 (9/99)