

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

95 MAR -7 PH 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28113 (3)

1. Corporation Name

ACCUTEC MECHANICAL, INC.

Principal Place of Business

P.O. BOX 1849
3357 S.W. 42ND AVENUE UNIT C
PALM CITY FL 34990

Mailing Address

P.O. BOX 1849
3357 S.W. 42ND AVENUE UNIT C
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/03/1989

3a. Date of Last Report

03/10/1994

4. FEI Number

65-0158203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

KICK, BIANCA, U
787 SW 36TH TERR
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name

LANIER, LINDA H

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

2222 SW RIVERSIDE CIR

83

84 City

PALM CITY

FL

85 Zip Code

34990

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

Linda H. Lanier

LINDA H LANIER SECRETARY/TREAS.

2/23/95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
LANIER, MICHAEL J.
6999 SW RATTLESNAKE RUN
PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
KICK, BIANCA
787 SW 36TH TERR
PALM CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P
LANIER, MICHAEL J
2222 SW RIVERSIDE CIR
PALM CITY FL 34990
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

ST
LANIER, LINDA H
2222 SW RIVERSIDE CIR
PALM CITY FL 34990
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information submitted 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 of this report, or on an attachment with an address.

SIGNATURE:

Michael J. Lanier

MICHAEL J LANIER

2/23/95 (407)330-3854

(Typed Name of Officer or Director)

(Date)

(Signature Number)