

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhain
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11026** (2)

1. Corporation Name
TD MECHANICAL CO.

Principal Place of Business

13850 DIPLOMAT
P. O. BOX 819060
DALLAS TX 75381

Mailing Address

13850 DIPLOMAT
P. O. BOX 819060
DALLAS TX 75381



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

3. Date Incorporated or Qualified	3a. Date of Last Report
08/06/1986	05/01/1995
4. FEI Number	Applied For / Not Applicable
75-0709436	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, JACK J	12 NAME	
STREET ADDRESS	13850 DIPLOMAT	13 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAY, STEVEN H	22 NAME	
STREET ADDRESS	13850 DIPLOMAT	23 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEVE, EDMUND A	32 NAME	
STREET ADDRESS	13850 DIPLOMAT	33 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, L.B. J	42 NAME	
STREET ADDRESS	13850 DIPLOMAT	43 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	44 CITY-ST-ZIP	
TITLE	VDST	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, MICHAEL J	52 NAME	
STREET ADDRESS	13850 DIPLOMAT	53 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, BILLY R	62 NAME	
STREET ADDRESS	13850 DIPLOMAT	63 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	64 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)(g), 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: Michael J. Fitzpatrick 03-27-96 (214) 888-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Senior Vice President

CR2E034 (12/95)