

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 29410 (7)**
1. Corporation Name

Sunbelt Mechanical, Inc.

300001839143
-05/24/96--01097--007
***225.00

Principal Place of Business: **C-T Corp. System, 1200 S. Pine Island Rd, Plantation, FL 33324**
Mailing Address: **0/P CT Corp. System, 1200 S. Pine Island Rd, Plantation, FL 33324**

| | | | |
|----|---------------------------------|----|---------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| | 1200 S. Pine Island Road | | 1200 S. Pine Island Road |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| | | | |
| 23 | City & State | 28 | City & State |
| | Plantation, FL | | Plantation, FL |
| 24 | Zip | 29 | Zip |
| | 33324 | | 33324 |
| 25 | Country | 30 | Country |
| | | | |

| | | | |
|----|---|---|---------------------|
| 3. | Date Incorporated or Qualified | 3a. | Date of Last Report |
| | 6/25/90 | | 04/01/95 |
| 4. | FBI Number | Applied For | |
| | 71-0563355 | <input type="checkbox"/> Not Applicable | |
| 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 type="checkbox"/> No | | |

| | | | | | | | |
|--|--|-----------|--|--|----------|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT Corporation System, 1200 S. Pine Island Road, Plantation, FL 33324 | | | | | | | |
| 81 | Name | | | 85 | Zip Code | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 83 | | | | | | | |
| 84 | City | 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 _____ DATE _____

| | | | | | | | | |
|----------------------------|----------------------------------|--------------------------|--------|---|----------------|--------------------------|---------------------------------|----------|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | President/Dir | <input type="checkbox"/> | DELETE | 1.1 | TITLE | <input type="checkbox"/> | Change <input type="checkbox"/> | Addition |
| NAME | Bates, Emanuel | | | 1.2 | NAME | | | |
| STREET ADDRESS | 3325 Old Jacksonville Hwy | | | 1.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | No. Little Rock, Ar 72117 | | | 1.4 | CITY-ST-ZIP | | | |
| TITLE | Sec - Dir | <input type="checkbox"/> | DELETE | 2.1 | TITLE | <input type="checkbox"/> | Change <input type="checkbox"/> | Addition |
| NAME | Bates, Patsy | | | 2.2 | NAME | | | |
| STREET ADDRESS | 3325 Old Jacksonville Hwy | | | 2.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | No. Little Rock, Ar 72117 | | | 2.4 | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE | 3.1 | TITLE | <input type="checkbox"/> | Change <input type="checkbox"/> | Addition |
| NAME | | | | 3.2 | NAME | | | |
| STREET ADDRESS | | | | 3.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE | 4.1 | TITLE | <input type="checkbox"/> | Change <input type="checkbox"/> | Addition |
| NAME | | | | 4.2 | NAME | | | |
| STREET ADDRESS | | | | 4.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE | 5.1 | TITLE | <input type="checkbox"/> | Change <input type="checkbox"/> | Addition |
| NAME | | | | 5.2 | NAME | | | |
| STREET ADDRESS | | | | 5.3 | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | DELETE | 6.1 | TITLE | <input type="checkbox"/> | Change <input type="checkbox"/> | 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: **Emanuel Bates Emanuel Bates Pres 5/2/96**

5-24-96 DR

CR2E034 (12/95)