

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90180 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000017502

1. Corporation Name
GENERAL MECHANICAL CORPORATION



Principal Place of Business
**418 NORTH SEGRAVE STREET
 DAYTONA BEACH FL 32114**

Mailing Address
**P O BOX 15020
 DAYTONA BEACH FL 32115
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/26/1996

4. FEI Number
59-3363980

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TYDIR, PETER
 30 SANDPOINT CIRCLE
 ORMOND BEACH FL 32174**

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

Signature, typed or printed name of registered agent and title if applicable (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYDIR, PETER M CH.	1.2 NAME	
STREET ADDRESS	30 SANDPOINT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYDIR, IVONA	2.2 NAME	
STREET ADDRESS	30 SANDPOINT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DALE R. ANDERSON
STREET ADDRESS		3.3 STREET ADDRESS	6401 WHISPERING LN.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CAROL S. KEITH
STREET ADDRESS		4.3 STREET ADDRESS	2644 AUBURN AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
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 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: **PETER M. TYDIR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 904/255-5222
 Date Daytime Phone #

CR2E034 (11/98)