

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90038 026 \*\*\*150.00

**DOCUMENT # P96000017502**

1. Entity 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 32115-5020**  
**US**

**80007925**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3363980**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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  Delete  
 NAME **PD TYDIR, PETER M CH.**  
 STREET ADDRESS **30 SANDPOINT CIRCLE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD TYDIR, IVONA**  
 STREET ADDRESS **30 SANDPOINT CIRCLE**  
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V ANDERSON, DALE R**  
 STREET ADDRESS **6401 WHISPERING LN**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T KEITH, CAROL S**  
 STREET ADDRESS **1644 AUBURN AVE**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE  Change  Addition  
 NAME **Keith, Carol S.**  
 STREET ADDRESS **2644 Auburn Ave.**  
 CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **JAN 11 / 2000** (904) 255-5222  
 Date Daytime Phone #