

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S12499** (7)

1. Corporation Name  
**PROFESSIONAL MECHANICAL TECHNOLOGIES, INC.**



Principal Place of Business: 2190 EAST NINE MILE ROAD PENSACOLA FL 32514  
Mailing Address: 2190 EAST NINE MILE ROAD PENSACOLA FL 32514

3. Date Incorporated or Qualified: 10/23/1990  
3a. Date of Last Report: 06/09/1995  
4. FEI Number: 59-3038510  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent

GEIGER, DANIEL W.  
9029 CHISOLM ROAD  
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

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

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 607.0305, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GEIGER, DANIEL W	
STREET ADDRESS	9029 CHISOLM ROAD	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOINER, DOTTIE	
STREET ADDRESS	4332 PERDIDO CT	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEASLEY, ROBERT D	
STREET ADDRESS	202 JACKSON AVE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JANASHAK, ALAN S	
STREET ADDRESS	3470 WIMBLEDON	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT C. ROBINSON	
STREET ADDRESS	RT 2 BOX 104	
CITY-STATE-ZIP	GROVE HILL AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: [Signature] Dottie Joiner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-96 904/4843678  
DATE TIME PHONE

CR2E034 (12/95)