

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F64810**

(7)

1. Corporation Name

AIR MECHANICAL & SERVICE CORP.

Principal Place of Business

**4311 W. IDA ST.
TAMPA FL 33614**

Mailing Address

**4311 W. IDA ST.
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/27/1982

3a. Date of Last Report

04/08/1994

4. FEI Number

59-2158902

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BYERS, LINDSAY W.
4910 PENNSBURY DR.
TAMPA FL 33624**

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 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BYERS, LINDSAY W.
STREET ADDRESS	4910 PENNSBURY DR.
CITY-ST-ZIP	TAMPA FL
TITLE	V
NAME	SPAW, HAROLD T.
STREET ADDRESS	2808 W. SITKA
CITY-ST-ZIP	TAMPA FL
TITLE	T
NAME	WILDER, ROBERT
STREET ADDRESS	10727 DOWRY AVE.
CITY-ST-ZIP	TAMPA FL
TITLE	S
NAME	Warren B. Byers
STREET ADDRESS	3718 Palmira Ave.
CITY-ST-ZIP	Tampa, Florida-33629
TITLE	V
NAME	John L. Byers
STREET ADDRESS	3718 Palmira Ave.
CITY-ST-ZIP	Tampa, Florida-33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	Warren B. Byers
4.3 STREET ADDRESS	3718 Palmira Ave.
4.4 CITY-ST-ZIP	Tampa, Florida 33629
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	John L. Byers
5.3 STREET ADDRESS	3718 Palmira Ave.
5.4 CITY-ST-ZIP	Tampa, Florida 33629
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(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 407, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Lindsay W. Byers (LINDSAY W. BYERS) 1/10/95

813-875-0782