

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 331832

**Entity Name:** FLORIDA MECHANICAL SYSTEMS, INC.**Current Principal Place of Business:**526 STOCKTON STREET  
JACKSONVILLE, FL 32204**Current Mailing Address:**526 STOCKTON STREET  
JACKSONVILLE, FL 32204**FEI Number:** 59-1212797**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLD, KATHLEEN H  
HOLBROOK, AKEL, COLD, STIEFEL AND RAY  
1 INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P/D
Name	GAY, WILLIAM W
Address	5809 CEDAR OAKS DRIVE
City-State-Zip:	JACKSONVILLE FL

Title	ST
Name	KING, CAROL
Address	526 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DVP
Name	GAY, ROBERT D.
Address	4961 ORTEGA FARMS BLVD
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	WHITEMAN, MICHAEL G
Address	844 SHERBROOK LANE
City-State-Zip:	JACKSONVILLE FL 32221

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHEILA W LEWIS**ACCOUNTANT****02/19/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date