

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 240122 (2)

1. Corporation Name

FLORIDA MECHANICAL, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/08/1960	3a. Date of Last Report 02/08/1994
4. FEI Number 59-0976501	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. 193.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent PHEGLEY, MICHAEL T. 108 HOLDERNESS DR. LONGWOOD FL 32779		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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, GEORGE	1.2 NAME	
STREET ADDRESS	2403 EUSTON RD	1.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK, FL 00000	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PHEGLEY, MICHAEL	2.2 NAME	
STREET ADDRESS	108 HOLDERNESS DR.	2.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	2.4 CITY, ST, ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PHEGLEY, CHARLEEN	3.2 NAME	
STREET ADDRESS	108 HOLDERNESS DR.	3.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 110.07(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:

Michael T. Phegley

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Michael T. Phegley

4-12-95

Date

407-628-3311

Telephone #