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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 262289

W.W. GAY MECHANICAL CONTRACTOR, INC.

Principal Place of Business SAS STOCKTON STREET JACKSONVILLE FL 32204  2. Principal Place of Business 2. Analing Address 3. Do Not Writte in This SPACE  2. Principal Place of Business 3. Applied For 1. Applied For 1. Applied For 1. Applied For 2. Principal Place of Business 3. Certificate of Status Desired 3. Certificate of Status Desired 3. Certificate of Status Desired Status Desired 3. Certificate of Status Desired Status Desired For Required 3. Principal Place of Business 3. Certificate of Status Desired Status Statu						ļ	
ACKSONVILLE FL 32294	Principal Place	e of Business	Mailing Address				-
2. Principal Place of Business   2a, Mailing Address   4. FEI Number   Not Applicable   Not	524 STOCKTON STREET						
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For Structure   Fee Required   Suite, Apt. #, etc.   Scriticate of Status Desired   \$8.75 Additional Fee Required   Fee Fee Fee Fee Fee Fee Fee Fee Fee F	• • • • • • • • • • • • • • • • • • • •						
Applied For   Applied For   Suito, Apt. #, etc.   Suito, Apt. #,							,
21	2 Principal Pl	are of Rusiness	2a. Mailing Address				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, Apt. #, etc.   29   Suite, Added to Fees   29   Suite, Added		ace of Business	<del></del>			ļ	1 · · · · · · · · · · · · ·
27	Suite, Apt.	#. etc.		<del></del>			\$8.75 Additional
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   City   Country   City   Country   City   Country   City   City		27				5. Certificate of Status Desired  Fee Required	
Zip   Country   Zip   Country   Strict   Country		Đ	City & State			1 1 2 2	
24				0			Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent  GAY, WILLIAM W 524 STOCKTON STREET JACKSONVILLE FL 32204  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 807 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 changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such changes are provided agent and title if applicable.  (ROTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ACTIVISTIZE  ACKSONVILLE FL  13. STREET ADDRESS  5809 CEDAR OAKS DRIVE  24. AUTHORITE ADDRESS  5809 CEDAR OAKS DRIVE  32. AUTHORITE ADDRESS  5809 CEDAR OAKS DRIVE  33. AUTHORITE ADDRESS  5809 CEDAR OAKS DRIVE  34. ACKSONVILLE FL  35. AUTHORITE ADDRESS  5809 CEDAR OAKS DRIVE  35. A			<u> </u>	, ·			· · · · · · · · · · · · · · · · · · ·
GAY, WILLIAM W 524 STOCKTON STREET JACKSONVILLE FL 32204  82 Street Address (P.O. Box Number is Not Acceptable)  83   Sample   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City   FL   85   Zip Code  83   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   City   FL   85   Zip Code  85   City   FL   85   Zip Code  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  89   City   FL   85   Zip Code  90   City	24			1			Torontal Topolog Tax
Street Address (P.O. Box Number is Not Acceptables)   Street Address (P.O. Box Number is Not Acceptables)		9. Name and Address of Curren	I Registered Agent	81	Name	<u></u> е	10. Hallo dita Address of How Poglistores Vigent
S24 STOCKTON STREET  JACKSONVILLE FL 32204  83  City  FL  85  Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-member 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 submits this statement for the purpose of changing its registered office or registered agent are size if agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  CEOD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CEOD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  STREET ADDRESS  SOBO CEDAR OAKS DRIVE  13. STREET ADDRESS  CITY. ST. ZIP  JACKSONVILLE FL  14. CITY. ST. ZIP  TITLE  VP  OBLETE  14. CITY. ST. ZIP  ACKSONVILLE FL  14. CITY. ST. ZIP  JACKSONVILLE FL  31. TITLE  OCHANGE  Addition  Addition  AMME  HOUSER, FRANK  STREET ADDRESS  SOBO CEDAR OAKS DRIVE  22. STREET ADDRESS  CITY. ST. ZIP  JACKSONVILLE FL  32. STREET ADDRESS  CITY. ST. ZIP  JACKSONVILLE FL  33. TITLE  OCHANGE  Addition  Addition  ACCEPTOR: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ACCEPTOR: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  CITY. ST. ZIP  JACKSONVILLE FL  34. CITY. ST. ZIP  ACKSONVILLE FL  35. TITLE  OCHANGE  Addition  ACCEPTOR: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ACCEPTOR: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	GAY	,WILLIAM W		00			TO (D.O. Boy Number is Not Assentable)
STREET ADDRESS   SAMP   CEDAR OAKS DRIVE   SAME   CITY   FL   STREET ADDRESS   CITY-ST-ZIP   JACKSONVILLE FL   SUB-CORD   STREET ADDRESS   CITY-ST-ZIP   JACKSONVILLE FL   SAMS   CITY-ST-ZIP   JACKSONVILLE FL   S				62	Stree	a Audres	SS (F.O. Box Number Is Not Acceptable)
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 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 and ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Topic   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	JACI	KSONVILLE FL 32204		83			
T1. 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 agent, and the purpose of changing its registered agent agent and the purpose of changing its registered agent agent and the registered agent agent and the registered agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  CEOD  GAY, WILLIAM W  STREET ADDRESS  JACKSONVILLE FL  TITLE  VP  DELETE  11. TITLE  LOCKSONVILLE FL  12. NAME  13. STREET ADDRESS  JACKSONVILLE FL  13. TITLE  CHANGE  14. CITY-ST-ZIP  TITLE  VP  DELETE  21. TITLE  VP  DELETE  22. NAME  STREET ADDRESS  SB04 CEDAR OAKS DRIVE  JACKSONVILLE FL 32210  DELETE  31. TITLE  CHANGE  Addition				84	City		85 Zip Code
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 abligations 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 reintating)   DATE			0 1007 4500 Florido Florido	**		d corner	
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	office or re	egistered agent or both in the State (	of Florida. Such change was auth	onzed by	the cor	poration	n's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  CEOD  GAY, WILLIAM W  STREET ADDRESS  CITY-ST-ZIP  TITLE  VP  ACKSONVILLE FL  TITLE  VP  ACKSONVILLE FL 32210  DELETE  31 TITLE  SD  GAY, ELOISE D  STREET ADDRESS  SREET ADRESS  SREET ADDRESS  SREET AD	agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	s Statutes			
12.	SIGNATURE		ANOTE: Do	nistered Appr	t einnature	e required w	when reinstellant
TITLE					it signature	e required to	
NAME STREET ADDRESS 5809 CEDAR OAKS DRIVE JACKSONVILLE FL  TITLE VP INDEED STREET ADDRESS CITY-ST-ZIP  NAME HOUSER, FRANK 22 NAME STREET ADDRESS CITY-ST-ZIP  TITLE SD SD SD STREET ADDRESS SOURCEDAR OAKS DRIVE JACKSONVILLE FL  TITLE SD STREET ADDRESS SOURCEDAR OAKS DRIVE JACKSONVILLE FL  TITLE SD STREET ADDRESS SOURCEDAR OAKS DRIVE JACKSONVILLE FL  TITLE SD STREET ADDRESS SOURCEDAR OAKS DRIVE JACKSONVILLE FL  TITLE SD STREET ADDRESS SOURCEDAR OAKS DRIVE JACKSONVILLE FL  TITLE SD STREET ADDRESS SOURCEDAR OAKS DRIVE JACKSONVILLE FL  TITLE D STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  AL CITY-ST-ZIP  TITLE D ADELETE JACKSONVILLE FL  AL CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP  ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS				1.1 TITLE			☐ Change ☐ Addit
CITY-ST-ZIP	NAME			12 NAME		-	
TITLE VP DELETE 2.1 TITLE	STREET ADDRESS	5809 CEDAR OAKS DRIVE		1.3 STREET	ADDRES	s	
NAME HOUSER, FRANK STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210  DELETE SD GAY, ELOISE D STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 33 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 34 CITY-ST-ZIP  TITLE D Change Addition Change Addition AME HOLBROOK, H. LEON STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 4.1 TITLE Change Addition AME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 4.2 NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 4.3 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 4.4 CITY-ST-ZIP	CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP		
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CITY-ST-ZIP	NAME			2.2 NAME		1	•
TITLE         SD         DELETE         31 TITLE         Change         Addition           NAME         GAY, ELOISE D         32 NAME         STREET ADDRESS         5809 CEDAR OAKS DRIVE         33 STREET ADDRESS           GITY-ST-ZIP         JACKSONVILLE FL         34. CITY-ST-ZIP         Change         Addition           NAME         HOLBROOK, H. LEON         4.2 NAME         CTY-ST-ZIP         Addition           STREET ADDRESS         2301 INDEPENDENT SQARE         4.3 STREET ADDRESS         CITY-ST-ZIP         Addition	STREET ADDRESS			2.3 STREET	FADDRES:	is	
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NAME PAINTER, DEAN M  STREET ADDRESS 1958 CREST DRIVE 53 STREET ADDRESS	l i				TADDRES	ss	
STREET AUDRESS 1900 CALOT DIVINE	<u> </u>						
CITY-ST-ZIP			☐ DELETE			<del>                                     </del>	☐ Change ☐ Addi
NAME LEE, KATHRYN S. 62 NAME			_	6.2 NAME			
	1			6.3 STREET	T ADDRES	ss	
	STREET ADDRESS	3538 EDGEWATER DRIVE		6.3 STREET	T ADDRES	ss	

JACKSONVILLE FL CITY-ST-ZIP 14. 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 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, with all other likelent powered.

6.4 CITY-ST-ZIP

SIGNATURE: WILLIAM GAY SIGNATURE AND TYPED OR PRINTED

02/23/99

904 388-2696