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FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 331832 (6)

1. Corporation Name  
FLORIDA MECHANICAL SYSTEMS, INC.



Principal Place of Business Mailing Address  
2516 EDISON AVENUE 2516 EDISON AVENUE  
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204-2530

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/27/1968 05/01/1996  
4. FEI Number Applied For  
59-1212797 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAY, W. W.  
524 STOCKTON STREET  
JACKSONVILLE FL 32204

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: Roger W. Painter - President 4-21-1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, WILLIAM W	1.2 NAME	
STREET ADDRESS	5809 CEDAR OAKS DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, KATHRYN	2.2 NAME	
STREET ADDRESS	3538 EDGEWATER DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAY, ROBERT D.	3.2 NAME	
STREET ADDRESS	2429 CEDAR SHORES CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	3.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, ROGER W	4.2 NAME	
STREET ADDRESS	7906 HOLIDAY ROAD SOUTH	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: Roger W. Painter Roger W. Painter 4-21-1997 (904) 388-2696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #