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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:36

DOCUMENT # 424957 (9)

1. Corporation Name
KEYSTONE MECHANICAL, INC.

Principal Place of Business	Mailing Address
3550 OLD WINTER GARDEN ROAD ORLANDO FL 32805	3550 OLD WINTER GARDEN ROAD ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1973
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1459276 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, CHARLES
~~840 NELSON AVE.~~
~~ORLANDO FL 32750~~
3550 Old Winter Garden Rd.
Orlando FL 32805

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, ROBERT	1.2 NAME	
STREET ADDRESS	308 SPAULDING COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, CHARLES	2.2 NAME	
STREET ADDRESS	~~840 NELSON AVE.~~	2.3 STREET ADDRESS	3550 Old Winter Garden Rd
CITY-ST-ZIP	~~LONGWOOD FL~~	2.4 CITY-ST-ZIP	Orlando Fl 32805
TITLE	V	3.1 TITLE	☑ Change ☐ Addition
NAME	JOHNSON, KEITH	3.2 NAME	
STREET ADDRESS	3550 OLD WINTER RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL ~~32802~~ 32805	3.4 CITY-ST-ZIP	32805
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 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, added or deleted by attachment with an address.

SIGNATURE: [signature] Keith Johnson 2/1/95 407-298-0970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0000606 CP