## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:

 I do hereby certify that the information indicated on this armual I am an officer or director of the appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 444175** 

(4)

MECHANICAL SERVICES OF ORLANDO, INC.

Mailing Address Principal Place of Business 9440 SIDNEY HAYES RD 9440 SIDNEY HAYES RD ORLANDO FL 32624-8107 ORLANDO FL 32824 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 01/15/1974 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1517736 Not Applicable 21 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Zipi Country Yes 🔲 No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DILLARD, WILLIAM M. 206 HARROGATE PLACE Street Address (P.O. Box Number is Not Acceptable) **SUITE 214** 83 LONGWOOD FL 32779 Zip Code 84 City 85 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and forcit applicable (NO1E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE PD 11 TITLE THILE DILLARD, WILLIAM M. 1.2 NAME NAME **206 HARROGATE PLACE** 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 1.4 CITY-ST-ZIP CITY-S1-2if Change Addition DELETE 2.1 TITLE TITLE DILLARD, DEBORAH K 22 NAME NAME **206 HARROGATE PLACE** 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL. 2 4 CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ DELETE 3 1 TITLE TITLE HORNE, BERNARD B. NAME 3.2 NAME 911 RIVERBEND BLVD. 3.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 3.4. CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME PARSONS, ROBERT A. 4. 2 NAME 14058 MARINE COURT 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE THE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

in supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that polation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name hinged, or on an all achment with an address.