

444175

Annual Report

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Filed 4-28-94

2 pgs.

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

**CORPORATION  
ANNUAL REPORT  
1994**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
94 APR 28 AM 7:05 '94  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**MECHANICAL SERVICES OF ORLANDO, INC.**

DOCUMENT #  
**444175 (4)**

Mailing Address  
**9440 SIDNEY HAYES RD  
ORLANDO FL 32824**

Principal Place of Business  
**9440 SIDNEY HAYES RD  
ORLANDO FL 32824**

DO NOT WRITE IN THIS SPACE

If either address is incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified  
**01/15/1974**

3a. Date of Last Report  
**04/14/1993**

2. Mailing Address  
21

2a. Principal Place of Business  
2a

4. FEI Number  
**50-1517736**

Applied For  
 Not Applicable

22. State, Apt. #, etc.  
22

26. State, Apt. #, etc.  
26

5. Certificate of Status Desired  
**S875**

6. Section Campaign Financing Trust Fund Contribution

23. City & State  
23

27. City & State  
27

Nonprofit Exempt from \$138 '75 Supplemental Fee

**\$5.00 May Be Added to Fees**

24. Zip  
24

Country  
25

28. Zip  
28

Country  
29

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  
 Yes  No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILLARD, WILLIAM M.  
206 HARROGATE PLACE  
SUITE 214  
LONGWOOD FL 32779**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. FL

86. Zip Code

11. If a change in the provisions of Sections 607.0502 and 607.150A or Sections 617.1502 and 617.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or both, as 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 607.0506 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OF OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	P/O
12. NAME	DILLARD, WILLIAM M.
13. STREET ADDRESS	206 HARROGATE PLACE
14. CITY, ST. ZIP	LONGWOOD FL
15. TITLE	S/O
16. NAME	DILLARD, DEBORAH K
17. STREET ADDRESS	206 HARROGATE PLACE
18. CITY, ST. ZIP	LONGWOOD FL
19. TITLE	V/P
20. NAME	HORNE, BERNARD B.
21. STREET ADDRESS	911 RIVERBEND BLVD.
22. CITY, ST. ZIP	ORLANDO FL
23. TITLE	V/P
24. NAME	PARSONS, ROBERT A.
25. STREET ADDRESS	14058 MARINE COURT
26. CITY, ST. ZIP	ORLANDO FL
27. NAME	
28. STREET ADDRESS	
29. CITY, ST. ZIP	
30. NAME	
31. STREET ADDRESS	
32. CITY, ST. ZIP	

11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY, ST. ZIP	
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST. ZIP	
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST. ZIP	
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST. ZIP	
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY, ST. ZIP	

14. I, \_\_\_\_\_, do hereby certify that the information furnished in this report is true and correct, and that I am an officer or director of the corporation or trustee of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE: [Signature] DATE: 4/22/94 407 857-3510