FILE NOW: FILING FEE AFTER MAY 1 IS $2 .00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMEN
Sandra B. Mor
Secretary of S
DIVISION OF CORPO

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:29

DOCUMENT # 585380 (9)

1. Corporation Name
SOUTHEAST MECHANICAL CONTRACTORS OF LEESBURG, I
C.

Principal Place of Business	Mailing Address
2113-B NORTH CITRUS BLVD LEESBURG FL 34748	2113-B NORTH CITRUS BLVD LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / C 29 / 30

3. Date Incorporated or Qualified: 09/05/1978
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2001491 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be 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

COTTOM, JAMES H
2113-B NORTH CITRUS BLVD
LEESBURG FL 32748

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a 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 th poration'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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registe ent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VD NAME CATRON, WILLIAM L. STREET ADDRESS 2113-B NORTH CITRUS BLVD CITY-ST-ZIP LEESBURG, FL 00000	1. ☐ Change ☐ Addition T ADDRESS ST - ZIP
TITLE DPT NAME COTTOM, JAMES H STREET ADDRESS 2113-B NORTH CITRUS BLVD CITY-ST-ZIP LEESBURG, FL 00000	2. ☐ Change ☐ Addition T ADDRESS ST - ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3. ☐ Change ☐ Addition ET ADDRESS ST - ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4. ☐ Change ☐ Addition ET ADDRESS ST - ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. ☐ Change ☐ Addition ET ADDRESS ST - ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6. ☐ Change ☐ Addition T ADDRESS ST - ZIP

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and not required 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: James H. Cottom Pres 2-7-95
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE)
James H. Cottom resident
(Typed or Printed Name of Individual) (Title)

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