2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

dress, with all other like empowered

May 12, 2002 8:00 am Secretary of State DOCUMENT # 673889 1. Entity Name 05-12-2002 90564 050 ***158.75 R.J. VANN MECHANICAL CORPORATION Mailing Address Principal Place of Business R J VANN MECHANICAL CORP RJ VANN MECHANICAL CORP 2970 CARGO ST 2970 CARGO ST FT MYERS FL 33916 FT MYERS FL 33916 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2026079 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent : 6. Name and Address of Current Registered Agent Name VANN, RANDALL J Street Address (P.O. Box Number is Not Acceptable) 2970 CARGO ST FT MYERS FL 33916 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ħ. OFFICERS AND DIRECTORS (9/01) TITLE **PST** □ Delete TITLE vann, r j NAME CR2E034 STREET ADDRESS 2970 CARGO ST STREET ADDRESS CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F D VANN, R J NAME NAME STREET ADDRESS STREET ADDRESS 2970 CARGO ST CITY-ST-ZIP CITY-ST-7IP FT MYERS FL Change - Addition - □ Delete VD ->----STITLE: + 1 NAME BIDWELL, RICHARD NAME STREET ADDRESS STREET ADDRESS **2970 CARGO ST** CITY-ST-ZIP CITY-ST-7IP FT MYERS FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED