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 22 AM 9:54

DOCUMENT # 833875 (8)

1. Corporation Name
ASSOCIATED MECHANICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
248 S. LEWIS STREET P.O. BOX 70455 MONTGOMERY AL 36107-0455	248 S. LEWIS STREET P.O. BOX 70455 MONTGOMERY AL 36107-0455

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1975
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 63-0359049 ☐ 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

ANCHORS, C. LEDON
92 EGLIN PARKWAY
FORT WALTON BCH FL 32548

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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	11 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, LORENZO O.	12 NAME	
STREET ADDRESS	RT 1 BOX 190	13 STREET ADDRESS	
CITY-ST-ZIP	LAPINE, AL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, CLAYTON L.	22 NAME	
STREET ADDRESS	RT 2 BOX 4	23 STREET ADDRESS	
CITY-ST-ZIP	MCKENZIE AL	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	ADAMS, LOUIE F.	32 NAME	
STREET ADDRESS	6141 TIFFANY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 00000	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	EDAMS, EVAN P.	42 NAME	
STREET ADDRESS	612 HAGGERTY RD	43 STREET ADDRESS	
CITY-ST-ZIP	WETUMPKA AL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS. WILLIAM P., III	52 NAME	
STREET ADDRESS	4449 CHRYSTAN RD	53 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, or on an attachment with an address.

SIGNATURE: _____ Evan P. Adams, President 2/15/95 334-264-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405650 FP