FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **02/20/1975**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 607.1506, 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 (Signature of Registered Agent Required When Designating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition	
NAME	DUNCAN, LORENZO O.		1.2 NAME	Duncan, Lorenzo O.	
STREET ADDRESS	RT 1 BOX 190		1.3 STREET ADDRESS	Rt. 2, Box 122	
CITY-ST-ZIP	LAPINE, AL 00000		1.4 CITY-ST-ZIP	Ramer, AL 36069	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	CAMPBELL, CLAYTON L.		2.2 NAME		
STREET ADDRESS	RT 2 BOX 4		2.3 STREET ADDRESS		
CITY-ST-ZIP	MCKENZIE AL		2.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	ADAMS, LOUIE F.		3.2 NAME		
STREET ADDRESS	6141 TIFFANY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 00000		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition	
NAME	EDAMS, EVAN P.		4.2 NAME	Adams, Evan P. (Correction of spelling only)	
STREET ADDRESS	612 HAGGERTY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WETUMPKA AL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	WILLIAMS, WILLIAM P., III		5.2 NAME		
STREET ADDRESS	4449 CHRYSTAN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY AL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by attachment with an address.

SIGNATURE: Evan P. Adams, President 2/15/96 334-264-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #