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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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** **248 S. LEWIS STREET**  
**P.O. BOX 70455** **P.O. BOX 70455**  
**MONTGOMERY AL 36107-0455** **MONTGOMERY AL 36107-0455**

3. Date Incorporated or Qualified **02/20/1975** 3a. Date of Last Report **02/20/1996**  
4. FEI Number **63-0359049** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>DUNCAN, LORENZO O.</b>	
STREET ADDRESS	<b>RT 2 BOX 122</b>	
CITY-ST-ZIP	<b>RAMER AL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, CLAYTON L.</b>	
STREET ADDRESS	<b>RT 2 BOX 4</b>	
CITY-ST-ZIP	<b>MCKENZIE AL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, LOUIE F.</b>	
STREET ADDRESS	<b>6141 TIFFANY LANE</b>	
CITY-ST-ZIP	<b>MONTGOMERY, AL 00000</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, EVAN P.</b>	
STREET ADDRESS	<b>612 HAGGERTY RD</b>	
CITY-ST-ZIP	<b>WETUMPKA AL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, WILLIAM P., III</b>	
STREET ADDRESS	<b>4449 CHRYSTAN RD</b>	
CITY-ST-ZIP	<b>MONTGOMERY AL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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**

**2/14/97**

**334-264-2263**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)