FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1391 COBB PARKWAY NORTH

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850547

(1)

1391 COBB PARKWAY NORTH

Mailing Address

STASCO MECHANICAL CONTRACTORS, INC.

MARIETTA GA	MARIETTA GA 30062-2423	ITA GA 30062-2423									
							3. Date Incorporated or Qualified 10/01/1981		ate of Lat 12/199		ert .
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 58-1181204			Applied For Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	Zip	Count				8. This corporation has liability for intangible tax under s. 199.032,				
24	25 9. Name and Address of Curre	nt Registered Agent	30	Т			Florida Statutes 10. Name and Address of New Re				
CT C	CORPORATION SYSTEM			81	Ň	ame	192 (1931)				
1200 S. PINE ISLAND ROAD				82 Street Ad			ss (P.O. Box Number is Not Acceptal	ole)			
PLAN	NTATION FL 33324			83	-						
			•	84	С	ity		FL	85 2	Zip Cod	le
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	utes, the a	bove	e-na	amed corpo	ration submits this statement for the		changir	ng its re	gistered
office or r agent I a	egistored agent, or both, in the Stat m famil ar with, and accept the obli	e of Florida. Such change was gations of, Section 607.0505, F	authorize Florida Sta	d by tutes	y the s.	e corporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the app	ointment	as reg	istered
SIGNATURE	Signature, typical or printed name of registered as	gent and tillo it applicable. (NC	OTE: Register	d Age	ent si	gnature required	when reinstating)	DATE			
12.	OFFICERS AF	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC'	TORS II	V 12
TITLE	SD	DELETE	1,1 [ITLE					Chan	ige L	Addition
NAME	SCOGIN, MARY ANN		1.2 N	IAME							
STREET ADDRESS	1391 COBB PARKWAY NORT	H	1.3 9	TREET	(ADD	RESS					
City-ST-ZiP	MARIETTA GA 30062		1.4 0	ITY-S	ST - Zii	P					
TITLE	PTD	DELETE	2.1 1	iTLE					Chan	ige [Addition
NAME	SCOGIN JR, WM W		2.2 NAME								
STREET ADDRESS	1391 COBB PARKWAY NORT	H	2.3 9	2.3 STREET ADDRESS		RESS	į _t .				
CITY-ST-ZIP	MARIETTA GA 30062		2. 4 CITY-ST-ZIP			iP					
TITLE	\$	DELETE	3.1 1	ITLE				· · · · · · · · · · · · · · · · · · ·	Chan	ige [Addition
NAME	HENDRIX, P D		3.2 N	IAME							
STREET ADDRESS	1391 COBB PARKWAY NORT	Н	3.3 9	TREET	r add	RESS					
C(TY-ST-ZIP	MARIETTA GA 30062		3.4.	CITY-S	ST-Z	IP					
TITLE		☐ DELETE	4.1 1	ITLE					Chan	ige _	Addition
NAME			4. 2	NAME							
STREET ADORESS			4.3 5	TREET	add 1	RESS					
CHY-ST-ZIF			4.4 CITY - ST - ZIP			P					
TITLE		☐ DELETE	5.1 T	ITLE					Chan	ige _	Addition
NAME			5.2 1	IAME							
STREET ADORESS			5.3 9	TREET	I ADD	RESS					
CITY - ST - ZIP			5.4 0	5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 1						Chan	ige [Addition
NAME	* * * * * * * * * * * * * * * * * * *		6.21	IAME							
STREET ADDRESS			633	TREET	ADD	RESS					
CITY - ST - ZIP			640	HTY-\$	ST - ZI	P					
14. I do here!	by certily that the information suppli	ed with this filing does not qua					n Section 119.07(3)(i), Florida Statute	s. I furthe	r 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