2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F0000001936 NEEL MECHANICAL CONTRACTORS, INC. 04-30-2001 90066 030 ***150.00 Principal Place of Business Mailing Address 250 COMMERCIAL DRIVE 250 COMMERCIAL DRIVE THOMASVILLE GA 31757 THOMASVILLE GA 31757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 74-2921764 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. VASD TITLE ☐ Defete TITLE ☐ Change Addition BEITTENMILLER, J. GORDON NAME NAME 777 POST OAK BLVD., SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP TITLE L Delete TITLE Addition SULLIVAN, ROBERT C NAME NAME 250 COMMERCIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31757 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ASHTON, TIMOTHY A NAME NAME STREET ADDRESS 250 COMMERCIAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOMASVILLE GA 31757 Vas TITLE ☐ Delete TITLE Change Addition NAME GEORGE, WILLIAM NAME STREET ADDRESS 777 POST OAK BLVD., SUITE 500 STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77056** CITY-ST-ZIP TITLE TITLE Delete Change Addition O'BRIEN, PETE NAME NAME STREET ADDRESS 777 POST OAK BLVD., SUITE 500 STREET ADDRESS CITY-ST-7IP **HOUSTON TX 77056** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Additio: NAME NAME T. Gregory Lang STREET ADDRESS STREET ADDRESS 150 Commercial CITY-ST-ZIP CITY-ST-ZIP Thomasville, GA 31757 13. Thereby 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR