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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F32862** **(7)**

1. Corporation Name

SUPERIOR MECHANICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
P O BOX 3346 C/O ROBERT W MOHRFELD TALLAHASSEE FL 32315	P O BOX 3346 C/O ROBERT W MOHRFELD TALLAHASSEE FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/30/1981**
3a. Date of Last Report: **07/28/1994**

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: **59-2089998** ☐ 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

MOHRFELD, ROBERT W
1004 ROSEMARY TERRACE
TALLAHASSEE FL 32303

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	MOHRFELD, WARREN R	12 NAME	
STREET ADDRESS	2415 WILLOW AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	MOHRFELD, ROBERT W	22 NAME	
STREET ADDRESS	1004 ROSEMARY TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	24 CITY ST ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	MOHRFELD, MARY H	32 NAME	
STREET ADDRESS	1004 ROSEMARY TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	34 CITY-ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	MOHRFELD, FRED R.	42 NAME	
STREET ADDRESS	639 VONCILE AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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: Fred R Mohrfeld 4/27/95 575-9986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0409004 FP