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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

ALLEN'S MECHANICAL SERVICE, INC.

FILED

May 05 1998 8:00am

Secretary of State

ncipal Place of Business	Mailing Address	
O CHARLES H ALLEN	C/O CHARLES H ALLEN	

Principal Plac	ce of Business	Mailing Address			
í i	ES N ALLEN	C/O CHARLES H ALLEN			1
SS85 CRAWFORDVILLE RD SS85 CRAWFORDVILLE RD		RD			
TALLAHASSI	EE FL 32310	TALLAHASSEE FL 32310	İ		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 06/03/1981
	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2093327 Not Applicable
Suite, Apt.	.#, e1C.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	te	City & State		,	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Counti	У	8. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	l le n, Charles H		8	Name	e
	5585 CRAWFORDVILLE ROAD		8:	Stree	et Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL		ļ			
			8:	3	
			84	City	85 Zip Code
] "",	FL S Z P OOG
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, Fig	orida Statute	es.	orporation's board of directors. I hereby accept the appointment as registered
12.	Signature typud or printed name of registered ag	ID DIRECTORS	13.	gent signatu	ue required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	ALLEN, CHARLES H		1.2 NAME		Contingo C Addition
STREET ADDRESS	1340 WESTWAY RD			T ADDRESS	
•	TALLAHASSEE, FL 00000				
CITY-ST-ZIP TITLE	EVP	DELETE	1.4 CITY -	SI-ZIP	☐ Change ☐ Addition
	ALLEN, CHARLES H. JR.	officir	2.1 TITLE		Citalige C Addition
NAME	6025 REDFIELD CIRCLE		2.2 NAME		
STREET ADDRESS	TALLAHASSEE FL			1 Address	
CITY-ST-ZIP	TALLARASSEE FL	DELETE	2. 4 CITY	ST · ZIP	
TITLE	ĺ	DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	1			T ADDRESS	S
CITY-ST-ZIP		Document	3 4. CITY	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM		
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREE	t address	6 C C
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	(ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・ウ・
TITLE		DELETE	6.1 TITLE		900002511869ange DAddition -05/05/9801130003
NAME	J		6.2 NAME		-05/05/9801130003
STREET ADDRESS			6.3 STREE	t address	
CITY_ST.7IP			EA DITY.		

14. Thereby certify that the information supplied with this filling 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 ecologic or or trustee of provided the ecologic or of the corporation of the ecologic or or trustee of provided the ecologic of the ecologic or of the ecologic of the ecologic or of the ecologic of the ecologic of the ecologic or of the ecologic o