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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F58813

(9)

ALLIED MECHANICAL & SPRINKLER, INC. Principal Place of Business Mailing Address 2576 EDISON AVE. JACKSONVILLE FL 32204 2576 EDISON AVE. JACKSONVILLE FL 32204 2576 EDISON AVE. JACKSONVILLE FL 32204-2539								
					3. Date Incorporated or Qualif	1	le of Last R	eport
2. Principal	Place of Business	2a. Mailing Address			12/11/1981 4. FEI Number		1/1996 Ar	plied For
21		26			59-2143027		<u> </u>	ot Applicable
Suite, Ap	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 🗆	\$8.75	
22		City & State					Fee Re	···
City & St 23	ate	28)			 Election Campaign Financir Trust Fund Contribution 	ng 🖂	\$5.00 Added	May Be
Z ip	Country	Ziji>	Coun	try	8. This corporation has hability			
24	25	29	30	•	Florida Statutes	☐ Yes ☐		
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New	w Registered A	gent	
CO	LD, KATHLEEN H.		1	31 Name				
	STOCKTON STREET		8	32 Street Ad	ddress (P.O. Box Number is Not Acce	eptable)		
JA(CKSONVILLE FL 32204		Ļ.					
			1	33				
			ļ.	34 City			85 Zip	Code
	0.70	003 t 003 t 003 t 004				FL		to
 11. Pursuar 	it to the provisions of Sections 607.05	502 and 607 (508, Florida Statt	Jies, inė adi	ove-named c	orporation submits this statement for	the purpose of	changing ii	ts registerea reaisterea
office o	r registered agent, or both, in the Sta	ite of Horida. Such change was	authorized	by the corpo	oration's board of directors. I hereby a	кссері іпе аррс	manone ao	
office o agent	r registered agent, or both, in the sta am familiar with, and accept the obli	ite of Florida. Such change was igations of, Section 607.0505, F	authorized Torida Statu	by the corpo tes.	oration's board of directors. I hereby a	кссері іне аррс	onanen uo	
office o agent I SIGNATURE		_		by the corpo				
office o agent I SIGNATURE	Securitizat - typical or political rates of registrated a	agent and title if applicable. (NC	OTE Registered	by the corpo	aquirad when reinstating)	DATE		
office o agent 1	Securitizat - typical or political rates of registrated a	_		by the corportes. Agent signature re		DATE		
office o agent I SIGNATURE 12.	Separative typestor period care of registered a OFFICERS A	agen; and blind applicable. (NC	DIE Registered	by the corportes. Agent signature re	aquirad when reinstating)	DATE	DIRECTOR	RS IN 12
office of agrent I SIGNATURE	Separative typical or position agree of registered a OFFICERS A P EDGE, RONNIE	agen; and blind applicable. (NC	13. 1.1 TITL	by the corportes. Agent signature re	aquirad when reinstating)	DATE	DIRECTOR	RS IN 12
office of agent I SIGNATURE 12. PILE NAME	OFFICERS A P EDGE, RONNIE 524 STOCKTON STREET	agen; and blind applicable. (NC	TE: Registered. 13. 11 TITL 1.2 NAA 1.3 STR	by the corportes. Agent signature is E	aquirad when reinstating)	DATE	DIRECTOR	RS IN 12
office of agent SIGNATURE 12. THE NAME STREET ACORES	Separative typical or position agree of registered a OFFICERS A P EDGE, RONNIE	agen; and blind applicable. (NC	TE: Registered. 13. 11 TITL 1.2 NAA 1.3 STR	by the corporates. Agent signature re E RE EET ADDRESS (-ST-ZIP	aquirad when reinstating)	DATE	DIRECTOR	RS IN 12
office of agent 1 SIGNATURE 12. THE NAME STREET ACORES CITY-ST-ZIP	OFFICERS A P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL	agent and bille if appaleable. (NC ND DIRECTORS DELETE	13. 13. 1.1 TiTL 1.2 NAA 1.3 STR 1.4 CITY	by the corporates. Agent signature is E AE E EEI ADDRESS (-ST-ZIP E	aquirad when reinstating)	DATE	DIRECTOR Change	RS IN 12
Office of agent SIGNATURE 12. THE NAME STREET ACORD STORE OFFICE THE	P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL V HOUSER, FRANKLIN C. 524 STOCKTON STREET	agent and bille if appaleable. (NC ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA	by the corporates. Agent signature is E AE E EEI ADDRESS (-ST-ZIP E	aquirad when reinstating)	DATE	DIRECTOR Change	RS IN 12
Office of agent SIGNATURE 12. THE NAME STREET ACORES CHY-ST-ZIP THE NAME	P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL V HOUSER, FRANKLIN C. 524 STOCKTON STREET JACKSONVILLE FL	Agent and bile if applicable. (NO NO DIRECTORS DELETE	13. 11 TITL 1.2 NAA 1.3 STR 1.4 CITV 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	by the corportes. Agent signature re E RE EET ADDRESS /-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	aquirad when reinstating)	DATE DEFICERS AND	DIRECTOR Change Change	Addition Addition
Office of agrant SIGNATURE 12. 1916 NAME STREET ASSPECT TOTAL NAME STREET ASSPECT NAME STREET ASSPECT S	P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL V HOUSER, FRANKLIN C. 524 STOCKTON STREET JACKSONVILLE FL ST	agent and bille if appaleable. (NC ND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR	by the corportes. Agent signature re E RE EET ADDRESS /-ST-ZIP E AE EET ADDRESS Y-ST-ZIP	aquirad when reinstating)	DATE DEFICERS AND	DIRECTOR Change	RS IN 12
Office of agent 1 SIGNATURE 12. TOLE NAME STREET ASDRESS CLY-ST-7/P TOLE CLY-ST-7/P TOLE NAME STREET ASDRESS CLY-ST-7/P TOLE RAME	P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL V HOUSER, FRANKLIN C. 524 STOCKTON STREET JACKSONVILLE FL ST SIMMONS, REBECCA	Agent and bile if applicable. (NO NO DIRECTORS DELETE	13. 11 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	by the corportes. Agent signature re E AE E EET ADDRESS /-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE AE AE AE AE AE AE AE AE	aquirad when reinstating)	DATE DEFICERS AND	DIRECTOR Change Change	Addition Addition
Office of agent SIGNATURE 12. FILE NAME SIRELLACORES COY-ST-70P TILE NAM* SIRELLACORES COY-ST-70P TILE NAM* SIRELLACORES COY-ST-70P TILE NAM* SIRELLACORES	P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL V HOUSER, FRANKLIN C. 524 STOCKTON STREET JACKSONVILLE FL ST SIMMONS, REBECCA 524 STOCKTON STREET	Agent and bile if applicable. (NO NO DIRECTORS DELETE	13. 11 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	by the corportes. Agent signature is E AE E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS	aquirad when reinstating)	DATE DEFICERS AND	DIRECTOR Change Change	Addition Addition
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Office of agent SIGNATURE 12. FOLE NAME SUBSTITUTE NAME SUB	P EDGE, RONNIE 524 STOCKTON STREET JACKSONVILLE FL V HOUSER, FRANKLIN C. 524 STOCKTON STREET JACKSONVILLE FL ST SIMMONS, REBECCA 524 STOCKTON STREET JACKSONVILLE FL	Agen, and bile d'applicable. (NC ND DIRECTORS DELETE DELETE DELETE DELETE	13. 11 TITL 1.2 NAA 1.3 STR 1.4 CITV 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STA 3.4 CIT 4.1 TITL 4.2 NAA 4.3 STR 4.4 CITV 5.1 TITL 5.2 NAA 5.3 STR	by the corportes. Agent signature is E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS (-ST-ZIP E ME EET ADDRESS (-ST-ZIP E ME EET ADDRESS (-ST-ZIP E AE EET ADDRESS	aquirad when reinstating)	DATE DEFICERS AND	DIRECTOR Change Change Change	RS IN 12 Addition Addition Addition Addition
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. To bereby 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 amount 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 recoiler or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or of an argument with an address.

SIGNATURE

Kowie G. Gelge

4/24/97

904-388-8465

FILED

May 01 1997 8:00am

Secretary of State
