PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F58813

1. Corporation Name

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90004 047 ***150.00

, INC.	MECHANICAL & TEMPERAT							
Principal Place	e of Business	Mailing Address			([\$8:]\$8 (ini alia	† 18581 18480 14888 1513 BER)311 E}SII 1881
2576 EDISON A	VE.	2576 EDISON AVE. JACKSONVILLE FL 32204						
JACKSONVILLE				Dr	O NOT WRITE IN TH	HIS SPACE		
					3. Date Incorporated			
					12/11/1981			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
2126					59-2143027		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			s Desired	\$8.75 A	
22		27			5. Certificate of Status		Fee Re	quired
City & Stat	e	City & State				1 1	\$5.00	
23		28			Trust Fund Contrib		Added t	o Fees
Zip	Country	Zip	Country	У	8. This corporation of		Intangible XI Yes	□No
24	25		30		Personal Property 10, Name and Addre			
	9. Name and Address of Curre	nt Registered Agent	81	Name	70, Name and Addres	ss of New Neglace	a Agont	
COL	D, KATHLEEN H.			IVALLIC				_
524 STOCKTON STREET		<u> </u>		82 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32204			83					
3, (0)	1001111222 12 0220 1			1				
			84	City		E	: L 85 Zip C	Code
Signature, typed or printed name of registered agent and title if applicable (NOTE: 12. OFFICERS AND DIRECTORS			13.	ent signature	required when reinstating) ADDITIONS/CHAN	DATE GES TO OFFICERS	AND DIRECTO	
TITLE	PAST	☐ DELETE	1.1 TITLE		PIT		Change	Addition Addition
NAME	BENTLEY, JOHN W. SR.		1.2 NAME					
STREET ADDRESS	2576 EDISON AVENUE		1,3 STREI	ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32204		1,4 CITY-				-16-	CT A Jacon
TITLE	VST	☐ DELETE	2.1 TITLE		V/S		Change	Addition
NAME	BENTLEY, DONNA S.		2.2 NAME					
STREET ADDRESS			2.3 STREI	ET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32204	Fi perere	2. 4 CiTY-	ST-ZIP			☐ Change	Additio
TITLE		DELETE	3.1 TITLE				[] onlingo	La Madiae
NAME			3 2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	3.4. CITY- 4.1 TITLE				☐ Change	☐ Additio
TITLE			4.1 III.E				_ ,	_
NAME				ET ADDRESS	•			
STREET ADDRESS			4,4 CITY-					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE				Change	Additio
NAME		,.	5.2 NAME					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Additio
NAME			6.2 NAME	Ē				
STREET ADDRESS	_		6.3 STRE	ET ADDRESS	,			
		Λ	6.4 CITY-	ST-ZIP				

14. Hereby 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 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 of this corporation or the receiver of the 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

FICER OR DIRECTOR