**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 PM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F58841 (0)

1. Corporate Name
SOUTHEAST MECHANICAL CONTRACTORS OF TAMPA, INC.

Principal Place of Business
4512 W CREST AVE
TAMPA FL 33614

Mailing Address
4512 W CREST AVE
TAMPA FL 33614

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated (or Qualified): 12/07/1981
3a. Date of Last Report: 03/02/1994

2. Former Name(s) and Date(s)
21
22
23
24 25

2a. Mailing Address
26
Suite, Apt. # or Bldg.
27
City, State
28
29 30

4. FEI Number: 59-2146066
Address Fee: 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. The corporation has taken the election under Section Florida Statutes

9. Name and Address of Current Registered Agent
CATRON, WILLIAM L.
4512 W. CREST AVENUE
TAMPA FL 33614-3430

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. [illegible]

12.
ST
NAME FRONTEROTTA, DAWN
ADDRESS 4512 W CREST AVE
CITY TAMPA FL
TITLE D
NAME COTTOM, J H
ADDRESS 2113B NORTH CITRUS BLVD
CITY LEESBURG FL
TITLE D
NAME CATRON, WILLIAM L.
ADDRESS 4512 W CREST AVE
CITY TAMPA FL
TITLE P
NAME SCOTT, ELLIOTT S.
ADDRESS 4512 W. CREST AVENUE
CITY TAMPA FL
TITLE VP
NAME MOORE, RUSSELL E
ADDRESS 4512 W CREST AVE
CITY TAMPA FL
TITLE
NAME
ADDRESS
CITY

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS
NAME
ADDRESS
CITY
TITLE
Change Add
NAME
ADDRESS
CITY
TITLE
Change Add
NAME
ADDRESS
CITY
TITLE
Change Add
NAME
ADDRESS
CITY
TITLE VP
X Change Add
NAME DRAPER, SCOTT
ADDRESS 4512 W CREST AVE
CITY TAMPA FL 33614
TITLE
Change Add
NAME
ADDRESS
CITY

14. I hereby certify that the officers listed are the duly elected, qualified and acting officers of the corporation listed in Section 1 of this Florida Profit Corporation Annual Report, that the information contained herein is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or a receiver, trustee or other court appointed fiduciary of the corporation; that I am familiar with the contents of this report; that I have read the instructions to this report; and that I am aware of the penalties for filing a false report.

SIGNATURE: Elliott Scott
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR

4-28-95 (813) 874-3951
DATE PHONE

0207104 CP