

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F58841** (0)
1. Corporation 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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1981		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2146066		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CATRON, WILLIAM L. 4512 W. CREST AVENUE TAMPA FL 33614-3430				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
	ST	FRONTEROTTA, DAWN	4512 W CREST AVE TAMPA FL				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
	D	COTTOM, J H	21138 NORTH CITRUS BLVD LEESBURG FL				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
	D	CATRON, WILLIAM L.	4512 W CREST AVE TAMPA FL				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
	P	SCOTT, ELLIOTT S.	4512 W. CREST AVENUE TAMPA FL				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
	VP	DRAPER, SCOTT	4512 W CREST AVE TAMPA FL				
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-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:

Elliot Stephen Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-96 (813) 879-3956
Date Daytime Phone #

CR2E034 (12/95)