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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F64810** **(7)**

1. Corporation Name
AIR MECHANICAL & SERVICE CORP.

Principal Place of Business	Mailing Address
4311 W. IDA ST. TAMPA FL 33614	4311 W. IDA ST. TAMPA FL 33614-7622

3. Date Incorporated or Qualified: 01/27/1982	3a. Date of Last Report: 02/21/1996
4. FEI Number: 59-2158902	☐ Applied For ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BYERS, LINDSAY W. 4910 PENNSBURY DR. TAMPA FL 33624	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BYERS, LINDSAY W.		1.2 NAME		
STREET ADDRESS	4910 PENNSBURY DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPAW, HAROLD T.		2.2 NAME		
STREET ADDRESS	2806 W. SITKA		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILDER, ROBERT		3.2 NAME		
STREET ADDRESS	10727 DOWRY AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	BYERS, WARREN B.		4.2 NAME	Byers, Warren B.	
STREET ADDRESS	3718 PALMIRA AVE.		4.3 STREET ADDRESS	13440 Bellingham Drive	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Fl 33625	
TITLE	V	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BYERS, JOHN L.		5.2 NAME	Byers, John L.	
STREET ADDRESS	3718 PALMIRA AVE.		5.3 STREET ADDRESS	2406 A Teresa Circle	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	Tampa, Fl 33629	
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	SPAW, GARY T.		6.2 NAME	Spaw, Gary T.	
STREET ADDRESS	6255 CURRY FORD ROAD, APT 117		6.3 STREET ADDRESS	9219 Ventana Lane	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Orlando, Fl 32825	

CR2E034 (9/96)

14. I do 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 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: Lindsay W. Byers Lindsay W. Byers 1/15/97 813-875-0182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #