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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 21 1997 8:00am

Secretary of State

941/665-3424

A TRANSPERIOR TERMINATURA DE LA COMPANIO DE LA COMP

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F74741

(2)

SOUTHERN BOILER SERVICE, INC.

Principal Piac	e of Business	Mailing Address				**** *****		
P.O. BOX 90886 LAKELAND FL 33804		P.O. BOX 90886 LAKELAND FL 33804-0886	<b>;</b>					
					3. Date Incorporated or Qualified 03/29/1982		of Last R	eport
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	1 00/01	<del>, , , , , , , , , , , , , , , , , , , </del>	oplied For
21		26			59-2177823		<del> </del>	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		***************************************			\$8.75	
22		27			5. Certificate of Status Desired		Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip III	Country	Zιρ	Cou	ntry	8. This corporation has liability for in			. 199.032,
24	25   9. Name and Address of Cur	rent Registered Agent	30	······································	Florida Statutes  10. Name and Address of New Rec	Yes 🔲		
DI AI		101111111111111111111111111111111111111	········	81 Name	to remine and requires of flow fiet	heroron V	Adult	
	ir, glenn e North RD							
	ELAND FL 33805			82 Street Add	fress (P.O. Box Number is Not Acceptable	e)		
LAN	EDWIN PL 33003		ŀ	83				
						<u></u>		
				84 City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the previsions of Sections 607.6	0502 and 607,1508, Florida Statu	ites the at	oove-named cor	poration submits this statement for the pu	ironse of c	hanging it	s registered
Office or a	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was	authorized	d by the coroora	ition's board of directors. I hereby accep-	t the appoi	ntment as	registered
-	The discount was a	mganona or, beetion our socio, i	ionoa otat	utos.				
CHOKIATI IDE								
SIGNATURE	Signal recityped or profited name of registered	i agent and title if applicable (NC	TE: Registered	i Agent signatura requ	rired when reinstating)	DATE		
SIGNATURE		AND DIRECTORS	TE: Registered	d Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12
	OFFICERS :					ERS AND [	DIRECTOR Change	IS IN 12
12.	OFFICERS DELAIR, GLENN E	AND DIRECTORS	13.	īLĒ		ERS AND [		
<b>12</b> .	PSD BLAIR, GLENN E 406 NORTH RD	AND DIRECTORS	13. 1.1 T() 1.2 NA	īLĒ		ERS AND [		
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