FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. Thereby certify that the information supplied indicated on this annual report or supplient officer or director of the corporation or the Block 12 or Block 13 if changed, or on an a

yith this filing or stal annual repo eceiver or truste



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300002587 (4)

PALMETTO MECHANICAL SERVICES, INC.

Principal Place of Business Mailing Address P.O. BOX 5287 P.O. BOX 5287 SPARTANBURG SC 29304 SPARTANBURG SC 29304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 57-0686442 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 84 City Zip Code 85 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 agent, or both, in the State of Lorida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am Iamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of regulared agent and this if applicable (NOT: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE EVANS, GEORGE L NAME 1.2 NAME 300 DANIEL MORGAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS SPARTANBURG SC CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE ___ Change Addition 2.1 TITLE DURHAM, W.F RANK F JR. NAME 2.2 NAME 300 DANIEL MORGAN AVENUE STREET ADDRESS 2.3 STREET ADDRESS SPARTANBURG SC CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE WAYCASTER, RICHARD E NAME 3.2 NAME 300 DANIEL MORGAN AVENUE STREET ADDRESS 3.3 STREET ADDRESS SPARTANBURG SC CITY-ST-ZIP 3 4. CITY-ST-ZIP ☐ Change DELETE TITLE 41 TITLE Addition NAME HILLERICH, ROBERT 4 2 NAME 300 DANIEL MORGAN AVENUE STREET ADDRESS 4.3 STREET ADDRESS SPARTANBURG SC CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- \$1-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

ng does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information open is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an istoc graph wored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the an address.

FILED

Feb 11 1998 8:00am

Secretary of State