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 # **F93000005101 (1)**

1. Corporation Name

THOMASON MECHANICAL CORPORATION

Principal Place of Business	Mailing Address
19002 S. SANTA FE AVENUE RANCHO DOMINGUEZ CA 90221	19002 S. SANTA FE AVENUE RANCHO DOMINGUEZ CA 90221

3. Date Incorporated or Qualified: **11/12/1993**

3a. Date of Last Report: **06/15/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **95-3554822** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. Pursuant to the provisions of Section(s) 607.0502 and 607.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	RITCHIE, GARY		12 NAME	
STREET ADDRESS	1008 SANTIAGO DRIVE		13 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 90221		14 CITY ST ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KOVALEFF, ALEX S		22 NAME	
STREET ADDRESS	48375 QUAILBUSH		23 STREET ADDRESS	
CITY-ST-ZIP	YUCCA VALLEY CA 92284		24 CITY ST ZIP	
TITLE	ST	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RITCHIE, JACK		32 NAME	
STREET ADDRESS	621 RODEO ROAD		33 STREET ADDRESS	
CITY-ST-ZIP	FULLERTON CA 92635		34 CITY ST ZIP	
TITLE	V	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ERWIN, THOMAS E		42 NAME	
STREET ADDRESS	5272 VERNER DR.		43 STREET ADDRESS	
CITY-ST-ZIP	LA PALMA CA 90623		44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is complete, true and accurate. I further certify that the information indicated on this report or supplemental attachments 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 added above.

SIGNATURE: T. E. Erwin 1/17/96 310-639-3523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T.E. ERWIN V.P.

CR2E034 (12/95)