

DOCUMENT # F93000005607

1. Entity Name

J & M MECHANICAL SERVICES, INC.

Principal Place of Business

Mailing Address

1677 FOREST PARKWAY
LAKE CITY GA 30253
US

1677 FOREST PARKWAY
LAKE CITY GA 30253
US

2. Principal Place of Business

1677 Forest Parkway
Suite, Apt. #, etc.

3. Mailing Address

1677 Forest Parkway
Suite, Apt. #, etc.

City & State

Lake City, GA

City & State

Lake City, GA

4. FEI Number

58-1606045

Applied For

Not Applicable

Zip

30260

Country

USA

Zip

30260

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COGAN, PEGGY
AAA TAX & BOOKKEEPING, INC.
622 CASSAT AVE., STE. 5
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VP	MILLER, RON A	395 CAMDEN WOODS DR	DALLAS GA 30132	<input type="checkbox"/>
S	MIOLN, JANICE	196 WYLDEWOODE DR.	MCDONOUGH GA 30253	<input type="checkbox"/>
P	MIOLN, JERRY D	196 WYLDEWOODE DR.	MCDONOUGH GA 30253	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like information provided.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-05-01

404-361-0657



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)