

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005571 (2)**

1. Corporation Name
MEY MECHANICAL CORPORATION

Principal Place of Business
**514 NORTH WELLS STREET
KOSCIUSKO MS**

Mailing Address
**514 NORTH WELLS STREET
KOSCIUSKO MS**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1996	
21		26		4. FEI Number 58-1910606	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27	PO Box 610	Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Kosciusko, MS	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		
		39090	USA		

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 PLANTATION FL 33324		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 _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent: signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRELL, LARRY	1.2 NAME	
STREET ADDRESS	1002 HICKORY RIDGE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KOSCIUSKO MS 39090	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, ROBERT E	2.2 NAME	
STREET ADDRESS	\$15 EAST JEFFERSON	2.3 STREET ADDRESS	
CITY-ST-ZIP	KOSCIUSKO MS 39090	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEW, RANDY	3.2 NAME	
STREET ADDRESS	LINDSEY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	KOSCIUSKO MS 39090	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUMBAUGH, BUD	4.2 NAME	
STREET ADDRESS	2100 POWERS FERRY ROAD, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30339-5014	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEY, JOE	5.2 NAME	
STREET ADDRESS	211 SOUTH MADISON	5.3 STREET ADDRESS	
CITY-ST-ZIP	KOSCIUSKO MS 39090	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIN, CLIFFORD	6.2 NAME	
STREET ADDRESS	RT 1 BOX 96E	6.3 STREET ADDRESS	
CITY-ST-ZIP	KOSCIUSKO MS 39090	6.4 CITY-ST-ZIP	

14. 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 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 _____

CR2E034 (10/97)