

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90183 042 \*\*\*150.00

DOCUMENT # F97000006800

1. Corporation Name

SHUMATE MECHANICAL-ORLANDO, INC.



Principal Place of Business

4516 PARKWAY COMMERCE BLVD  
BLDG 603 STE G  
ORLANDO FL 32808  
US

Mailing Address

2513 ROYAL PL.  
TUCKER GA 30084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1997

4. FEI Number

58-2353304

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 269 Park Ave.

Suite, Apt. #, etc.

22 City & State

23 Longwood FL 32750

Zip

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Longwood FL 32750

Zip

Country

9. Name and Address of Current Registered Agent

GOSLIN, THOMAS ALLAN III  
4516 PARKWAY COMMERCE BLVD.  
BLDG. 603, STE. G  
ORLANDO FL 32808

269 Park Ave.  
Longwood FL 32750

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 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

TITLE CP ☐ DELETE  
NAME SHUMATE, HAROLD  
STREET ADDRESS 2513 ROYAL PL.  
CITY-ST-ZIP TUCKER GA 30084

TITLE D ☐ DELETE  
NAME SHUMATE, SANDRA LYNN  
STREET ADDRESS 2513 ROYAL PL.  
CITY-ST-ZIP TUCKER GA 30084

TITLE D ☐ DELETE  
NAME BRITT, MIKHAIL  
STREET ADDRESS 2513 ROYAL PL.  
CITY-ST-ZIP TUCKER GA 30084

TITLE DST ☐ DELETE  
NAME SHUMATE, NANCY  
STREET ADDRESS 2513 ROYAL PL.  
CITY-ST-ZIP TUCKER GA 30084

TITLE D ☐ DELETE  
NAME SHUMATE, RHONDA E  
STREET ADDRESS 2513 ROYAL PL.  
CITY-ST-ZIP TUCKER GA 30084

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2805 Premiere Pkwy.  
1.4 CITY-ST-ZIP Duluth GA 30097

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *J. Michael Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 678 584 0880  
Date Daytime Phone #

CR2E034 (1/98)