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Secretary of State



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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G44876** (2)  
1. Corporation Name  
**BILL'S MECHANICAL SERVICES, INC.**

Principal Place of Business  
**4682 E. HIGHWAY 20  
NICEVILLE FL 32578-9784**

Mailing Address  
**4682 E. HIGHWAY 20  
NICEVILLE FL 32578-9794**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1983</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number <b>59-2314879</b>	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust/Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CORBITT, JOAN G  
4682 HWY 20  
NICEVILLE FL 32578**

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 **JOAN G. CORBITT** *Joan G. Corbitt* **3/3/98**  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	
NAME	<b>CORBITT, JOAN G.</b>	1.2 NAME	
STREET ADDRESS	<b>1624 MOORE ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	<b>CORBITT, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>312 N CEDAR AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	<b>CORBITT, BILLY S</b>	3.2 NAME	
STREET ADDRESS	<b>1624 MOORE ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NICEVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **PATRICIA C. CORBITT** *Patricia C Corbett* **3-3-98 (850) 897-2220**

CR2E034 (10/97)