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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G95375** **(3)**

1. Corporation Name
CASCADE MECHANICAL, INC.

Principal Place of Business	Mailing Address
32531 TRILBY ROAD DADE CITY FL 33525 US	32531 TRILBY ROAD DADE CITY FL 33523-6426 US

3. Date Incorporated or Qualified: **04/09/1984**
3a. Date of Last Report: **01/30/1996**

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

2a. Mailing Address
26: P.O. Box 1295
Suite, Apt. #, etc.
27:
City & State
28:
Zip / Country
29: 33526-1295 / 30:

4. FEI Number: **59-2394372** ☐ 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**

SANCHEZ, PHILLIP
32531 TRILBY ROAD
DADE CITY FL 33525

10. **Name and Address of New Registered Agent**

81 Name: WILLIAM LOVELACE, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 2310 WEST BAY DRIVE
83:
84 City: LARGO **FL** 85 Zip Code: 33770

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: William C Lovelace (Signature of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/15/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, SONIA		1.2 NAME		
STREET ADDRESS	32531 TRILBY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		1.4 CITY-ST-ZIP		
TITLE	PT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, PHILLIP		2.2 NAME		
STREET ADDRESS	32531 TRILBY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: [signature] 2/10/97 352-521-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #