

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90153 034 ***150.00

DOCUMENT # H05989

1. Corporation Name

TOTAL MECHANICAL SERVICES, INC.

Principal Place of Business

1344 W. CASS ST
TAMPA FL 33606

Mailing Address

1344 W. CASS ST
TAMPA FL 33606

2. Principal Place of Business

506 N. Greenwood Ave

2a. Mailing Address

506 N. Greenwood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Clearwater, FL

City & State

Clearwater, FL 33755

Zip

33755

Country

USA

Zip

33755

Country

USA

9. Name and Address of Current Registered Agent

TAPPOUNI, TERESE M.
1344 W. CASS ST
TAMPA FL 33606

3. Date Incorporated or Qualified

05/31/1984

4. FEI Number

59-2431105

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

10. Name and Address of New Registered Agent

81 Name

MARTIN D. MOSKOWITZ

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

1120 Burke Avenue

83

84 City

Dunedin

FL

85 Zip Code

34698

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

4-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
TAPPOUNI, THERESE
STREET ADDRESS
1344 W. CASS ST
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
TAPPOUNI, S.M.
STREET ADDRESS
1344 W. CASS ST.
CITY-ST-ZIP
TAMPA FL

TITLE ☒ DELETE

NAME
TAPPOUNI, MICHELLE M.
STREET ADDRESS
1344 W. CASS ST.
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
506 N. Greenwood Avenue
Clearwater, FL 33755

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
506 N. Greenwood Avenue
Clearwater, FL 33755

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VP
MARTIN D. MOSKOWITZ
506 N. Greenwood Ave
Clearwater, FL 33755

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-99 727-443-6290

CR2E034 (11/98)

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