FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90354 025 ***150.00

1. Entity Name

ENCOMPASS MECHANICAL (FORT MYERS), INC.



Principal Place of Business Mailing Address 10879 METRO PKWY 10879 METRO PKWY FORT MYERS FL 33912 FORT MYERS FL 33912 2. Principal Place of Business 3 Greenway CHECK HERE IF MAKING CHANGES Suite 4. FEI Number Applied For 59-2532059 カンひ らわか Not Applicable \$8.75 Additional 1.5/4 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE Change Addition Layne J. Albert PAGE, STEPHEN L. NAME NAME 3 greenway Plaza, #2000 10879 METRO PARKWAY STREET ADDRESS STREET ADDRESS FORT MYERS FL 33912 CITY-ST-7tP HOUS FUN CITY-ST-7IP **VPS** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MUZZY, GRAY H NAME NAME 3 GREENWAY PLAZA SUITE 2000 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP **HOUSTON TX 77046** CITY-ST-ZIP **VPT** Delete DITLE TITLE ☐ Change ☐ Addition MATHERNE, TODD NAME NAME 3 GREENWAY PLAZA SUITE 2000 STREET ADDRESS STREET ADDRESS CITY-ST-71P HOUSTON TX 77046 CITY-ST-7IP **VPAS** Delete TITLE TITLE ☐ Change Addition LAYNE, ALBERT J NAME NAME |3 GREENWAY PLAZA SUITE 2000 STREET ADDRESS STREET ADDRESS **HOUSTON TX 77046** CITY-ST-ZIP CITY-ST-7IP tssitant secretary Addition TITLE ☐ Delete TITLE ☐ Change John A. Hale, Jr. NAME NAME 3, Green way Plaza, #2000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITI É ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: