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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 1:02

DOCUMENT # H64258 (7)

1. Corporation Name
WEST COAST MECHANICAL, INC.

Principal Place of Business	Mailing Address
1909 N. TAMIAMI TRAIL FT. MYERS FL 33903-2859	1909 N. TAMIAMI TRAIL FT. MYERS FL 33903-2859

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1985	3a. Date of Last Report: 06/28/1994
2. Principal Place of Business: 21 320 VAN BUREN ST.	2a. Mailing Address: 26 P.O. BOX 05-1016
Suite, Apt. #, etc.: 22 —	Suite, Apt. #, etc.: 27 —
City & State: 23 FT. MYERS, FL.	City & State: 28 FT. MYERS, FL.
Zip: 24 33916 Country: 25 LEE	Zip: 29 33905 Country: 30 LEE
4. FEI Number: 59-2550752	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

LYNN, KEITH
1909 N TAMIAMI TRAIL
FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name: RUSSELL LYNN
82 Street Address (P.O. Box Number is Not Acceptable): 320 VAN BUREN St.
83 —
84 City: FT. MYERS FL 85 Zip Code: 33916

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] - RUSS LYNN 1-10-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NYBER, CARL O 320 VAN BUREN ST. FT. MYERS FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LYNN, KEITH 2320 LAZY RIVER LN FT. MYERS FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LYNN, RUSSELL 320 VAN BUREN ST FT MYERS FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] - RUSS LYNN 1-10-95 (813) 995-4900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0320038 CP