SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF PORPORATIONS 1996 DOCUMENT # H90959 CRESTVIEW MECHANICAL CONTRACTORS, INC. Principal Place of Business Mailing Address 1675 E. JAMES LEE BLVD. 1675 E. JAMES LEE BLVD. P.O. BOX 1649 P.O. BOX 1649 CRESTVIEW FL 32536 CRESTVIEW FL 32536 3. Date incorporated or Qualified 3a. Date of Last Report 12/19/1985 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2630297 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 210 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARKER, CHARLES E. 5701 OLD BETHEL RD. 82 Street Address (P.O. Box Number is Not Acceptable) 83 CRESTVIEW FL 32536 84 City 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 Signature species present name of registered agent and still if applicables (I/OT). Registered Agent signature registered when reinstating. CIAE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) 12 13. PD DELETE Change Addition TITLE 1.1 TiTLE PARKER, CHARLES E. NAME 1.2 NAME 2E034 5701 OLD BETHEL RD. STREET ADDRESS 13 STREET ADDRESS CRESTVIEW FL 14 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ____ Addition TREPAK, PETER NAME 2.2 NAME 1317 FARMER STREET STREET ADDRESS 2.3 STREET ADDRESS CRESTMEW FL CITY - ST - ZIP 2 4 CITY - ST- ZIP DELETE Change Addition TITLE 3 I TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ____ Addit on TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS DITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE Change Add-tion TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS CITY-ST-ZiP 54 CITY - ST - ZiP DELETE Change Addition DILE 6.1 Table 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - ST - ZIP

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)(x). Florida Statutes (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 617, Florida Statutes, and

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

that my name appears in Block 12 A Block 13 if changed, or on an attachment with an address

7-2-96

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