FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION INNUAL REPORT

1998



Socretary of State DIVISION OF CORPORATIONS

CUMENT # H95511

(2)

MANGROVE MECHANICAL, INC.

FILED Feb 26 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address		
179 HEIOS DI	179 HELIOS DR				
JUPITER FL 33477		JUPITER FL 33477			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					01/23/1986
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		[26]			59-2630360 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	· · · · · · · · · · · · · · · · · · ·		,	8. This corporation owes or has paid the current year Intangible
24	25	29 3	0		Personal Property Tax due June 30. Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
MCKEE, JR. R			81	Name	
179	9 HELIOS DRIVE		82	Street	Address (P.O. Box Number is Not Acceptable)
JUPITER FL 33477			83		
			84		les 7:0 Codo
			1	,	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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.					
agent I am familia with, and accept the objections of, Section 607.0505, Florida Statutes.					
SIGNATURE	KIS MICKEN	PALPH D.	MCKE	F, J/	e. 2/0/78
12.		ortand title if application (NOTE F D ORECTORS	13.	ent signature	required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	MCKEE, RALPH D JR.		1.2 NAME		
STREET ADDRESS	179 HELIOS DRIVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	JUPITER FL		1.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	1	
CITY-ST-ZIP			2 4 CITY-	ST-ZIP	Channe
TITLE NAME			31 TITLE	i	☐ Change ☐ Addition
STREET ADDRESS			32 NAME	ADDRESS	
CITY-ST-ZIP			3.3 STREET 3.4. DITY-1		
TITLE		DELETE	4.1 TITLE	01. TIL.	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY- S		
TITLE	······································	DELFTE	51 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET	ADDRESS	
CITY-ST-ZIP	<u> </u>		5.4 CITY- 5	5T-ZIP	
TITLE		☐ DEFELF	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET		
CITY-ST-ZIP			SACITY S	T-710	

14. Thereby 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.

MOVER, Jh

2 22 OR

561-743-0520