FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K22736** **(8)**

1. Corporation Name

WILKES MECHANICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
6824 PHILLIPS PKWY DR. S JACKSONVILLE FL 32256	6824 PHILLIPS PKWY DR. S JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1988
3a. Date of Last Report: 05/09/1994

2. Principal Place of Business	2a. Mailing Address
21 3718 JAMESTOWN LANE	26 3718 JAMESTOWN LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32223 Country 25 DUVAL	Zip 29 32223 Country 30 DUVAL

4. FEI Number: 59-2886051 ☐ 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

WILKES, LESSIE WAYNE
6824 PHILLIPS PARKWAY DR. SO.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

01 Name: BRYAN A. WILKES
02 Street Address (P.O. Box Number is Not Acceptable): 3718 JAMESTOWN LANE
03
04 City: JACKSONVILLE **FL** 05 Zip Code: 32223

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: Bryan A. Wilkes — DATE: 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	WILKES, LESSIE WAYNE	12 NAME	
STREET ADDRESS	8849 OLD KINGS RD S #6E	13 STREET ADDRESS	DELETE
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☒ Change ☐ Addition
NAME	WILKES, BRYAN ALAN	22 NAME	PRESIDENT
STREET ADDRESS	3718 JAMESTOWN LANE	23 STREET ADDRESS	BRYAN A. WILKES
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	3718 JAMESTOWN LANE Jax. FL
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Bryan A. Wilkes — 4-28-95 — 904 268-6245
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0021948 CP