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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K73580

E & R MECHANICAL, INC.

							3 180 8181 1 86 1
Principal Plac	ce of Business	Mailing Address					
1800 S IROQU		1800 S IROOUOIS AVE					
HOMOSASSA	FL 34448	HOMOSASSA FL 34448 US			DO NOT WRITE IN	THIS SPACE	
55		. 00	•		3. Date incorporated or Qualifed	. ,	
					03/17/1989		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	I A	oplied For
21	•	26			59-2940340		ot Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.		···		\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & State .		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current ye	•	-
24	25		30		Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Cu			11 Name	10. Name and Address of New Regis	tered Agent	
Fill	IC DAVID A		"	Name			
180	O'S IROQUOIS AVE		8	2 Street Add	ess (P.O. Box Number is Not Acceptable)		
HO	MOSASSA FL 34448		L	3	**************************************	1 1 Sept 1 Sept	5161 ZTM 1236
			ľ	3			
			8	4 City		85 Zip	Code
1000 2000	Levis k	<u> </u>			- Indiana - Indi		
11. Pursuant	t to the provisions of Sections 607	.0502 and 607.1508, Florida State	ites, the abo	ove-named cor	rporation submits this statement for the purpor	ose of changing its	registerea aistered
i onice or	registered agent, or pour, in the S	nate of Florida. Such change was	authorizeu c	w the corborat	tion's board of directors, I hereby accept the	appointment as re	
i onice or	registered agent, or both, in the S am familiar with, and accept the of	bligations of, Section 607.0505, Fi	authorizeu c	w the corborat	tion's board of directors, I hereby accept the	арропители аз те	giotoroa
i onice or	am familiar with, and accept the of	bligations of, Section 607.0505, F	orida Statute	ss.	mon's board of directors, thereby accept the		gioto: 00
SIGNATURE	am familiar with, and accept the ol	bligations of, Section 607.0505, Fl	orida Statute	ss.	red when reinstating), (1533)	TE.	
agent. I a	am familiar with, and accept the ol	bligations of, Section 607.0505, F	orida Statute	ent signature requir	and a board of directors, it hereby accept the production of the p	TE.	
SIGNATURE 12.	signature, typed or printed name of registers OFFICERS	bligations of, Section 607.0505, Find agent and title if applicable. (NOT SAND DIRECTORS	E: Registered Ag	ent signature requir	red when reinstating), (1533)	TE RS AND DIRECTO	PRS IN 12
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14. 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90056 025 ***150.00

CR2E034 (11/98)