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**Secretary of State** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L05889

	MECHANICAL, INC.						
Principal Plac	e of Business	Mailing Address			T 130011011 011 60401 01151 19101 49410 10	(1 <b>616</b> 41 61611 61611 6161 6161 61	
729 WEST GAI TALLAHASSEE		729 WEST GAINES TALLAHASSEE FL			DO NOT WRITE I	N THIS SPACE	
					3. Date Incorporated or Qualifed	11110 017102	
					08/01/1989		
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number	App	lied For
i .		26			59-2962551	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.	- 112	5. Certificate of Status Desired	\$ <b>8.75</b> A Fee Red	
City & Star	le	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country 25	Zip	Co	ountry	This corporation owes the current y     Personal Property Tax.		✓No
*1	9. Name and Address of Current	11	130]		10. Name and Address of New Regis	stered Agent	
				81 Name			
	BACHER, PAM			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	5-B N MISSION RD						
IAL	LAHASSEE FL 32303			83			
				84 City		85 Zip C	óde
3. 30 <u>7.4</u>	<u> </u>	N. C			the state of the s	FL	ropistored
office or a agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligati	if Florida, Such chang	ia wae authoriza	above-named corp	poration submits this statement for the purp on's board of directors. I hereby accept the	a appointment as reg	registered istered
office or agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of, Section 607.0 and title if applicable.	je was authorize 505, Florida Sta (NOTE: Registere	above-named corped by the corporation tutes.	on's board of directors. I hereby accept the	a appointment as reg	istered
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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 any ual 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 of 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 or an attacyment with an address, with all effect like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

Addition

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