

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 APR 24 AM 11:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L51684 (3)

1. Corporation Name

MESCO, INC.

Principal Place of Business

**6563 TAYLOR ROAD, #8
NAPLES FL 33942**

Mailing Address

**6563 TAYLOR ROAD, #8
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/15/1990

3a. Date of Last Report

03/10/1994

4. FEI Number

65-0182350

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRATMILLER, PAUL
6563 TAYLOR ROAD #8
NAPLES FL 33942**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**STD
GOHEEN, DUANE F
7993 VIA VECCHIA
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
NETHERCOT, DAVID
1832 IMPERIAL GOLF COURSE BLVD.
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
GOHEEN, DUANE F.
602 LAKEWOOD DR
JUPITER FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
SHERZER, DAVID D
12841 SPENCER ST.
FT. MYERS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PD

BRATMILLER, PAUL

NAPLES FL 33963

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

STD

**BRATMILLER, JEFF
759 106TH AVE NORTH
NAPLES FL 33963**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

GOHEEN, DUANE F.

JUPITER FL 33458

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

FT MYERS FL 33908

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), 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, even as an attachment with an address.

SIGNATURE:

Paul A. Bradtmiller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/95

813-561-3707
Telephone #