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FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **L96524**

(8)

1. Corporation Name

**PHIL'S MECHANICAL SERVICE, INC.**



Principal Place of Business

**444 SEABREEZE BLVD.  
SUITE B-2  
DAYTONA BEACH FL 32118  
US**

Mailing Address

**444 SEABREEZE BLVD.  
SUITE B-2  
DAYTONA BEACH FL 32118-3953  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

**08/20/1990**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3023897**

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

**HANRAHAN, PHILIP W  
444 SEABREEZE BLVD, SUITE B-2  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

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 607.0532 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 for this firm, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Philip W. Hanrahan*

Signature type: Corporate name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME: SAPP, ELLEN  
STREET ADDRESS: 2206 SILVER PALM DR.  
CITY-ST-ZIP: EDGEWATER FL**

TITLE ☐ DELETE

**S  
NAME: GOODEARLY, MARY A  
STREET ADDRESS: 1816 TRAVELERS PALM DR.  
CITY-ST-ZIP: EDGEWATER FL**

TITLE ☐ DELETE

**T  
NAME: THOMPSON, BONNIE H.  
STREET ADDRESS: 1484 CARMEN AVE  
CITY-ST-ZIP: HOLLY HILL FL**

TITLE ☐ DELETE

**TITLE ☐ DELETE**

TITLE ☐ DELETE

**TITLE ☐ DELETE**

TITLE ☐ DELETE

**TITLE ☐ DELETE**

**TITLE ☐ DELETE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 11 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-97**

**254-4718**

Date Daytime Phone

CR2E034 (9/96)