

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L96524 (8)
1. Corporation Name
JL'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
US

FILED
May 27 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/20/1990
4. FEI Number	59-3023897
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	☒ Yes ☐ No

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

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. City	
84. City	FL
85. Zip Code	

I, the undersigned, being a resident qualified person in the State of Florida, do hereby certify that the information supplied with this filing does not qualify for the exemption under Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 as an attachment with an address.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SAPP, ELLEN	1.2 NAME	
STREET ADDRESS	2206 SILVER PALM DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	GOODEARLY, MARY A	2.2 NAME	
STREET ADDRESS	1818 TRAVELERS PALM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	THOMPSON, BONNIE H.	3.2 NAME	
STREET ADDRESS	1484 CARMEN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SIGNATURE: *[Signature]*

5-1-98 254-4718

CR2E034 (10/97)