

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED
95 MAY - 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11026** (2)
1. Corporation Name:
TD MECHANICAL CO.

Principal Place of Business: **13850 DIPLOMAT
P. O. BOX 819060
DALLAS TX 75381**
Mailing Address: **13850 DIPLOMAT
P. O. BOX 819060
DALLAS TX 75381**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **25**
State Apt # etc: **27**
City & State: **23**
Country: **24**
Country: **25**
Country: **29**
Country: **30**

3. Date Incorporated or Qualified: **08/06/1986** 3a. Date of Last Report: **03/07/1994**
4. FEI Number: **75-0709436** 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:
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number if Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 602.01(1) and 607.15(1)(b) 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 602.01(1)(b) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS:
OFFICE: **CD**
NAME: **LOWE, JACK J**
STREET ADDRESS: **13850 DIPLOMAT**
CITY: **DALLAS TX**
OFFICE: **D**
NAME: **CLAY, STEVEN H**
STREET ADDRESS: **13850 DIPLOMAT**
CITY: **DALLAS TX**
OFFICE: **D**
NAME: **REEVE, EDMUND A**
STREET ADDRESS: **13850 DIPLOMAT**
CITY: **DALLAS TX**
OFFICE: **PD**
NAME: **HOUSTON, L.B. J**
STREET ADDRESS: **13850 DIPLOMAT**
CITY: **DALLAS TX**
OFFICE: **VDST**
NAME: **FITZPATRICK, MICHAEL J**
STREET ADDRESS: **13850 DIPLOMAT**
CITY: **DALLAS TX**
OFFICE: **D**
NAME: **EDWARDS, BILLY R**
STREET ADDRESS: **13850 DIPLOMAT**
CITY: **DALLAS TX**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12:
1. OFFICE: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. STREET ADDRESS: ☐ Change ☐ Addition
4. CITY: ☐ Change ☐ Addition
5. OFFICE: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition
7. STREET ADDRESS: ☐ Change ☐ Addition
8. CITY: ☐ Change ☐ Addition
9. OFFICE: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition
11. STREET ADDRESS: ☐ Change ☐ Addition
12. CITY: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and equally for the information stated in Sections 602.01(1)(b) 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 make this report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 12 or Block 13 of this report or on any attachment with an addition.

SIGNATURE:

Michael J. Fitzpatrick

Michael J. Fitzpatrick 05-01-95 (214) 888-9500
Senior Vice President