

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P23966**

1. Corporation Name

**POPHAM MECHANICAL CONTRACTORS, INC.**

Principal Place of Business

P.O. BOX 526  
SYLVESTER GA 31791

Mailing Address

P.O. BOX 526  
SYLVESTER GA 31791

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90021 047 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/19/1989**

4. FEI Number

**58-1441394**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**POPHAM, JACOB R., JR.**  
**278 N. FLETCHER AVENUE**  
**P.O. BOX 877**  
**FERNANDINA BEACH FL 32034-0877**

10. Name and Address of New Registered Agent

81 Name **Richard B Vincent**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2821 Brookwood Drive**  
83  
84 City **Orange Park** FL 85 Zip Code **32073**

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 **Richard B. Vincent**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/27/99**

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POPHAM, JACOB R. J	
STREET ADDRESS	RT 3 BOX 549 N/A	
CITY-ST-ZIP	BLACKSHEAR GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POPHAM, PHILLIP E.	
STREET ADDRESS	909 N. MONROE ST.	
CITY-ST-ZIP	SYLVESTER GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffery Lewis	
1.3 STREET ADDRESS	2559 GA Hwy 256	
1.4 CITY-ST-ZIP	Sylvester GA 31791	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phyllis P. Lewis	
2.3 STREET ADDRESS	2559 GA Hwy 256	
2.4 CITY-ST-ZIP	Sylvester GA 31791	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, or on an attachment with an address.

SIGNATURE: **Richard B. Vincent**

Signature and typed or printed name of signing officer or director

**7/27/99** **9124391839**

Date Daytime Phone #

CR2E034 (5/99)

0118148