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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:40

DOCUMENT # **P29910** **(7)**

1. Corporation Name
SUNBELT MECHANICAL, INC.

Principal Place of Business	Mailing Address
% CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	% CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1990
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 S. PINE ISLANE ROAD	26 1200 S. PINE ISLAND ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PLANTATION, FL	28 City & State: PLANTATION, FL
24 Zip: 33324 / 25 Country	29 Zip: 33324 / 30 Country

4. FEI Number: 71-0563355 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BATES, EMANUEL	12 NAME	BATES, EMANUEL	
STREET ADDRESS	3325 OLD JACKSONVILLE HW	13 STREET ADDRESS	3325 OLD JACKSONVILLE HW	
CITY ST ZIP	JACKSONVILLE AR	14 CITY-ST-ZIP	NORTH LITTLE ROCK, AR 72117	
TITLE	SD	21 TITLE	PD	☒ Change ☐ Addition
NAME	BATES, PATSY	22 NAME	BATES, PATSY	
STREET ADDRESS	3325 OLD JACKSONVILLE HW	23 STREET ADDRESS	3325 OLD JACKSONVILEL HW	
CITY ST ZIP	JACKSONVILLE AR	24 CITY ST ZIP	NORTH LITTLE ROCK, AR 72117	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 119.07(3)(i), Florida Statutes. 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: Emanuel Bates Pres 3-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0231771 CP