


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

**FILED**  
**May 21 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29910 (7)**  
 1. Corporation Name  
**SUNBELT MECHANICAL, INC.**

Principal Place of Business <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION, FL 33324</b>	Mailing Address <b>C/O CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION, FL 33324</b>
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3. Date Incorporated or Qualified <b>6/25/90</b>	3a. Date of Last Report <b>04/01/96</b>
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2. Principal Place of Business <b>21 1200 S. PINE ISLAND ROAD</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1200 S. PINE ISLAND ROAD</b> Suite, Apt. #, etc.
City & State <b>23 PLANTATION, FL</b>	City & State <b>28 PLANTATION, FL</b>
Zip <b>24 33324</b>	Country <b>25</b>
Zip <b>29 33324</b>	Country <b>30</b>

4. FEI Number <b>71-0563355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM          1200 S. PINE ISLAND ROAD          PLANTATION, FL 33324</b>				<b>10. Name and Address of New Registered Agent</b>	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT &amp; DIRECTOR</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, EMANUEL</b>	12 NAME	
STREET ADDRESS	<b>3325 OLD JACKSONVILLE HWY. NORTH LITTLE ROCK, AR 72117</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH LITTLE ROCK, AR 72117</b>	14 CITY-ST-ZIP	
TITLE	<b>SECRETARY &amp; DIRECTOR</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, PATSY</b>	22 NAME	
STREET ADDRESS	<b>3325 OLD JACKSONVILLE HWY. NORTH LITTLE ROCK, AR 72117</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH LITTLE ROCK, AR 72117</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

*Handwritten:* PWS 5-21-97

**400002201884**  
**-06/04/97--01099--007**  
**\*\*\*550.00**

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Emanuel Bates Pres. Date: 5-13-97 Daytime Phone #: 501-945-0707

CR2E034 (9/96)