FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 23 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32099 (4)

1. Corporation Name
MECHANICAL PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
5850 T.G. LEE BLVD. STE. 120 ORLANDO FL 32822	5850 T.G. LEE BLVD. STE. 120 ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/07/1990
3a. Date of Last Report: 02/09/1994
4. FEI Number: 25-1644666 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

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 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	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	BRENTZEL, DAVID B.	1 2 NAME	
STREET ADDRESS	5850 T.G. LEE BLVD. #120	1 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1 4 CITY-ST-ZIP	
TITLE	V	2 1 TITLE	☐ Change ☐ Addition
NAME	GREGORY, THOMAS M.	2 2 NAME	
STREET ADDRESS	5850 T.G. LEE BLVD. #120	2 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2 4 CITY-ST-ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JAMES R.	3 2 NAME	
STREET ADDRESS	5850 T.G. LEE BLVD. #120	3 3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3 4 CITY-ST-ZIP	
TITLE	S	4 1 TITLE	☐ Change ☐ Addition
NAME	KEYSER, MARTIN A.	4 2 NAME	
STREET ADDRESS	4 NORTHSHORE CENTER	4 3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4 4 CITY-ST-ZIP	
TITLE	T	5 1 TITLE	☐ Change ☐ Addition
NAME	MIELE, ROBERT C.	5 2 NAME	
STREET ADDRESS	4 NORTHSHORE CENTER	5 3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	5 4 CITY-ST-ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	WURZEL, STEPHEN B.	6 2 NAME	
STREET ADDRESS	4 NORTHSHORE CENTER	6 3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	6 4 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. 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: [signature] 1/16/95 (412) 359-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

MARTIN A. KEYSER, SECRETARY 1/16/95

0002430 CP