

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

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000013341 (2)

1. Corporation Name
T.M. SMITH MECHANICAL, INC.



Principal Place of Business
4407 22ND AVE. W.
BRADENTON FL 34209

Mailing Address
4407 22ND AVE. W.
BRADENTON FL 34209-5723

3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
03/18/1996

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

4. FEI Number
65-0374035

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
SMITH, TIM
4407 22ND AVE. W.
BRADENTON FL 34298

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

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

TITLE	NAME	DELETED
D	SMITH, TIM	<input type="checkbox"/>
STREET ADDRESS	4407 22ND AVE. W.	
CITY - ST - ZIP	BRADENTON FL 34209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: *Tim Smith* Tim Smith 1-12-97 941-788-3409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)