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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

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TITLE

NAME

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Mar 13 1998 8:00am

Secretary of State

Change

Change

Change

Addition

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Addition

DOCUMENT # P9300001178 (1)

MECHANICAL SERVICES CO.

Principal Place of Business Mailing Address 6830 MOBILE HIGHWAY P.O. BOX 37184 PENSACOLA FL 32526 PENSACOLA FL 32526 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3165839 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GODWIN, KENNETH 6830 MOBILE HWY. 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32526 83 84 City 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 into it applicable (NOT). Registered Agent signature required when reinstating 10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE GODWIN, KENNETH F. NAME 12 NAME 6830 MOBILE HWY STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 Title 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME

14. Thereby 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 receiver or trustoce 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

3 4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6 2 NAME 6.3 STREET ADDRESS

SIGNATURE: Kenned & Galui Konners F Godin Presidet 3-10-98

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