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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018927 (2)

WESTBROOK MECHANICAL INDUSTRIES SOUTHEAST, INC.

Principal Place of Business

Mailing Address

1537 OAK FOREST DRIVE ORMOND BEACH FL 32174 1537 OAK FOREST DRIVE ORMOND BEACH FL 32174-3409

FILED Jan 29 1997 8:00am Secretary of State



| | | ORMOND BEACH FL 32174-3409 | | | | | |
|--|--|--------------------------------|---|--|---|---|-------------------------------|
| _ | | | | | 3. Date Incorporated or Qualified 03/11/1993 | 3a. Date of Last Report 05/01/1996 | |
| | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied F | or |
| 21 | | 26 | | | 62-1523641 | Not Appli | icable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | \$8.75 Addition | |
| 22 | | 27 | | 5. Continuate of Otatas Besiden | Fee Required | | |
| City & State | ı | City & State | | | 6. Election Campaign Financing | \$5.00 May B | le |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees | S |
| Zip | Country | Zip | Countr | / | 8. This corporation has liability for | | 32, |
| 24 | 25 | [29] | 30 | | | Yes 🛚 No | |
| | 9. Name and Address of Curren | t Hegistereu Agent | 81 | Name | 10. Name and Address of New R | egistered Agent | |
| | CKS, WILLIAM E. | BI Name | | | | | |
| | SEABREEZE BOULEVARD | 82 Street | | Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| | E 900 | | - | | | | |
| DAYI | ONA BEACH FL 32115 | | 83 | | | | |
| | | | 84 | City | | 85 Zip Code | |
| | | | | | | | |
| office or re | o th e provisions of Sections 607.0502 ogistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was | authorized b | y the corpora | poration submits this statement for the tion's board of directors. I hereby acce | purpose of changing its registe ept the appointment as registe | tered ered |
| SIGNATURE | Signature, typed or printed name of registered agen | of mod bile of more about | TI Mari Lucas Ac | aut post as a s | ircd wher reinstaling) | DATE | |
| | OFFICERS AND | | 13. | ent signature requ | | | |
| | | | | | | | 2 |
| 12. | | | | | ADDITIONS/CHANGES TO OFFI | CERS AND DIRECTORS IN 12 | |
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RIGNATURE: 1-23-97 (004)673-7880