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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000047851 (9)

SOUTHEASTERN MECHANICAL CONTRACTING. INC.

Mailing Address

FILED Jan 29 1998 8:00am Secretary of State



Principal Place of Business 1155 MADISON AVE. P. O. BOX 505 PORT ST. JOE FL 32456 1155 MADISON AVE. DO NOT WRITE IN THIS SPACE PORT ST. JOE FL 32456 3. Date Incorporated or Qualified 06/14/1993 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For SAMC BBOUN of ABOUR. SAME AS 26 59-3185683 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation owes or has paid the current year inlangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GASKIN. PHILLIP R 574 S. 2ND STREET Street Address (P.O. Box Number is Not Acceptable) WEWAHITCHKA FL 32465 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, in 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 familia, with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ered agent and title it applicable OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GASKIN, PHILLIP R. 1.2 NAME NAME 574 S 2ND ST STREET ADDRESS 1.3 STREET ADDRESS WEWAHITCHICA FL 1.4 CITY-ST-ZIP CITY-SI-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE GASKIN, PHILLIP R NAME 2.2 NAME 574 SOUTH 2ND STREET STREET ADDRESS 2.3 STREET ADDRESS WEWAHITCHKA FL 32465 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE BELL, FRANK E. NAME 3.2 NAME 126 S PINE ST STREET ADDRESS 3.3 STREET ADDRESS WEWAHITCHICA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITL F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 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 charged, or the analysis of the corporation of the corporation 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 charged, or the analysis of the corporation of