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 MAY -1 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051888 (4)**

1. Corporation Name
PAYLESS MECHANICAL, INC.

Principal Place of Business	Mailing Address
81 N BEAL PKWY UNIT B FT WALTON BEACH FL 32548 US	P O BOX 671 UNIT B MARY ESTHER FL 32569 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21: 28 Kelly Ave.
22: Suite, Apt. #, etc.
23: City & State: Ft. Walton Bch., FL
24: Zip: 32548
25: Country: US

2a. Mailing Address
26: P.O. Box 671
27: Suite, Apt. #, etc.
28: City & State: Mary Esther, FL
29: Zip: 32569
30: Country: US

4. FEI Number: 59-3198803 ☐ 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

ASHER, GEORGETTE
1234 AIRPORT ROAD
SUITE 100
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 507 Oak Ave.
83:
84 City: Niceville FL 85 Zip Code: 32578

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/S/M	☒ Change ☐ Addition
NAME	ASHER, GEORGETTE	12 NAME		
STREET ADDRESS	71 SIRTH ST #30	13 STREET ADDRESS	507 Oak Ave.	
CITY-ST-ZIP	SHALIMAR FL	14 CITY ST ZIP	Niceville, FL 32578	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	TAYLOR, JOHN	22 NAME		
STREET ADDRESS	1628 51ST SOUTH	23 STREET ADDRESS	3360 Country Rd., #575	
CITY-ST-ZIP	TAMPA FL	24 CITY ST ZIP	Bushnell, FL 33513	
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	ASHER, JOHN	32 NAME		
STREET ADDRESS	71 6TH STR, STE 30	33 STREET ADDRESS	507 Oak Ave.	
CITY-ST-ZIP	SHALIMAR FL	34 CITY ST ZIP	Niceville, FL 32578	
TITLE	S	41 TITLE	(Delete)	☒ Change ☐ Addition
NAME	WIGHT, MICH	42 NAME	"	
STREET ADDRESS	126 GEORGIA PL	43 STREET ADDRESS	"	
CITY-ST-ZIP	FT WALTON BCH FL	44 CITY ST ZIP	"	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Georgette Asher 4-27-95 904-244-4508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0470021 FP