

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000056345 (0)

1. Corporation Name

D & S MECHANICAL, INC.

05 MAY -1 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3292 SHAWNEE AVE.
#12
W PALM BEACH FL 33409

Mailing Address

3292 SHAWNEE AVE.
#12
W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1993

3a. Date of Last Report
05/13/1994

4. FEI Number
65-0424155

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDENE, GENE
3292 SHAWNEE AVE.
W PALM BEACH FL 33409

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

W. L. Sandene

4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PT
NAME	DE MARS, GARY
STREET ADDRESS	3292 SHAWNEE AVE. #12
CITY, ST, ZIP	W PALM BEACH FL 33409
TITLE	SVD
NAME	SANDENE, GENE
STREET ADDRESS	3292 SHAWNEE AVE. #12
CITY, ST, ZIP	W PALM BEACH FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information required with this filing is voluntarily furnished and that I am duly qualified by the provisions stated in Sections 119.07(2)(b), Florida Statutes. I further certify that the information included 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: *Barbara B. Matthews*
SIGNATURE AND PRINTED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3-9-95 407-478-9500