

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056345 (0)

1. Corporation Name

D & S MECHANICAL, INC.

Principal Place of Business

Mailing Address

3282 SHAWNEE AVE.
#12
W PALM BEACH FL 33409

3292 SHAWNEE AVE.
#12
W PALM BEACH FL 33409

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SECRETARY OF STATE



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3931 WESTGATE AVE #3
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 WEST PALM BEACH FL.

29 Zip

Country

24

25

30 33409

31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDENE, GENE
3282 SHAWNEE AVE.
W PALM BEACH FL 33409

AS OF
7-1-96
→

81 Name

GARY E DEMARS

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

3292 SHAWNEE AVE #12
WPB FL. 33409

83 City

FL

85 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

Gary E Demars
Signature, typed, printed name of registered agent and title if applicable

Pres

(NOTE: Registered Agent signature required when reinstating)

8-28-96
DATE

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

☐ DELETE

TITLE SVD
NAME SANDEEN, GENE
STREET ADDRESS 3292 SHAWNEE AVE. #12
CITY - ST - ZIP W PALM BEACH FL 33409

☒ DELETE

AS OF
7-1-96

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary E Demars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-96
Date

478-9500
Daytime Phone #

CR2E034 (3/96)