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

PROFIT CORPORATION ANNUAL REPORT



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

1996

	UMENT # P93( TLER MECHANICAL CONSU	000071701 ( JLTING, INC.	(5)	# (114)	1817 <b>86</b> 114 <b>88</b> 114 7 <b>886</b> 1 1	MANI ABAN BANAN MAN YARA
Principal Place of Business 2110 NW 17TH STREET CRYSTAL RIVER FL 34428 US		Mailing Address  2110 NW 17TH STREET  CRYSTAL RIVER FL 34428 US				
O Demaind	Place of Business			<ol> <li>Date Incorporated or Qualified 10/08/1993</li> </ol>	3a. Date of L	ast Report 6/1995
21		2a. Mailing Address		4. FEI Number 59-3208969	0 1720	Applied For
1 1	ot. #. etc.	Suite, Apt. #, etc.				Not Applicable
City & St	ate	27		5. Certificate of Status Desired		8.75 Additional Fee Required
23	.co.c.	City & State		6. Election Campaign Financing	¢	5.00 May Be
Ζη>	Country	Zip	Country	Trust Fund Contribution		Added to Fees
24	25	29	30	8. This corporation has liability for Florida Statutes	intangible tax und No	ders 199.032,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New F		,
11. Pursuan or registe familiar v SIGNATURE	it to the provisions of Sections 607.05 ored agent, or both, in the State of Fic with, and accept the obligations of, Sections for Section 1.		83  84 City  tes, the above named corporation's boss.  OIE Registered Agent signature requirements	pration submits this statement for the pur ard of directors. I hereby accept the appo		Zip Code Its registered office ered agent. I am
12.	OFFICERS A	ND DIRECTORS	13.	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO AND DIGE	
THE NAME STHELL ACCORDS CHY-ST-792 THEE	VD BUTLER, HERMAN JR 2110 NW 17TH STREET CRYSTAL RIVER FL PD	☐ DELETE	1. THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		CHS AND DIREC	
NAME STREET ADDRESS CITY - ST - ZIP TITLE	BUTLER, MARGUERITE D	[] DELFTE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Chan	nge Addition
NAME STREET ADDRESS CITY+ST-ZIP		☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-SI-ZIP		Chan	ge Addition
OTY-ST-ZIF		☐ DELETE	4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		☐ Chan	ge Addition
TILE VAME TREET ADDRESS TY+ST-ZIP		☐ DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		☐ Chang	ge Addition
TTLE IAME THEFET ADDRESS TYLEST-ZIP		DETELE	5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREE1 ADDRESS		☐ Chang	e Addition
4. Edu hereb	y certify that the information supplied	with this filing is voluntarily furnic	64 CITY-ST-ZIP	10.		

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 appears in Block 12 or Biock 13 if changed, or on an attachment with an address.

SIGNATURE: MERMAN BUTLER JE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Augy 1

1-18-96 352-563-2496