

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. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000084326 (6)

1. Corporation Name

CONOVER MECHANICAL CORPORATION



Principal Place of Business

Mailing Address

E HWY. 48 AT CR 747
BUSHNELL FL 33513
US

1426 CR 416 N
LAKE PANASOFFKEE FL 33538

3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
08/15/1995

2. Principal Place of Business

21 1426 CR 416 N

2a. Mailing Address

26 Suite, Apt #, etc.

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 LAKE PANASOFFKEE FL

28 City & State

24 Zip 33538-6136

25 Country USA

29 Zip

30 Country

4. FEI Number

65-0458346

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

10. Name and Address of New Registered Agent

CONOVER, EARL W
1426 CR 416 N
LAKE PANASOFFKEE FL 33538

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 607.1508, 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

EARL W CONOVER

Earl W. Conover

8-16-96

(Print name of registered agent and title if applicable)

(Print registered agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	CONOVER, EARL W	
STREET ADDRESS	1426 CR 416 N	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CONOVER, CAROL W	
STREET ADDRESS	1426 CR 416 N	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONOVER, WILLIAM L	
STREET ADDRESS	1791 20TH ST NW	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CONOVER, LORI A	
STREET ADDRESS	1426 CR 416 N	
CITY - ST - ZIP	LAKE PANASOFFKEE FL 33538	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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***383.75

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:

Earl W. Conover EARL W CONOVER 8-16-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G-1

CR2E034 (3/96)

352-793-4151
05/8/21/96