

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

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95 MAY 31 1110:26

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Established 1877
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000789 (5)

MECHANICAL ENTERPRISES, INC.

200001504302
-06/02/95--01018--025
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		20. Mailing Address	
4573 ENTERPRISE AVE. UNIT 7 NAPLES FL 33942		4573 ENTERPRISE AVE UNIT 7 NAPLES FL 33942	
21. State Apt. # etc.	22. City & State	26. State Apt. # etc.	27. City & State
24. State	25. City	29. State	30. City

3. Date for creation of or liquidated	3a. Date of Last Report
01/03/1994	
4. FPI Number	Applied For / Not Application
65-045 8029	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Contribution / Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Has any officer or director been convicted of a crime under Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LOCKER, JOSEPH R JR.
PAULICH O'HARA & SLACK P.A.
2150 GOODLETTE RD., PARKWAY FINANCIAL CTR.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0407 and 607.0408, 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 607.0408, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
12.1 TITLE	PRESIDENT	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	Wesley Ashby	13.2 NAME	
12.3 STREET ADDRESS	3531 53rd Terrace	13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	Naples, FL 33999	13.4 CITY, ST, ZIP	
12.5 TITLE	Vice President	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME	George P. Trotter	13.6 NAME	
12.7 STREET ADDRESS	5397 Wendy Lane	13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP	Naples, FL 33940	13.8 CITY, ST, ZIP	
12.9 TITLE	Secretary	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME	Wesley Ashby	13.10 NAME	
12.11 STREET ADDRESS	3531 53rd Terrace	13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	Naples, FL 33999	13.12 CITY, ST, ZIP	
12.13 TITLE		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.0407, 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 of this report, or as an attachment with an affidavit.

SIGNATURE: Wesley D. Ashby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/95 (813)647-3834
DATE