

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000031970 (4)

1. Corporation Name
PACE MECHANICAL, INC.



Principal Place of Business

1961 WEST 9TH STREET
SUITE B
RIVIERA BEACH FL 33404

Mailing Address

1961 WEST 9TH STREET
SUITE B
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1994

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1373 NORTH KILLIAN DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1373 NORTH KILLIAN DRIVE

Suite, Apt. #, etc.

City & State

23 LAKE PARK, FLORIDA

Zip

24 33403

Country USA

25 PALM BEACH

City & State

28 LAKE PARK, FLORIDA

Zip

29 33403

Country USA

30 PALM BEACH

9. Name and Address of Current Registered Agent

SAYRE, NORMAN
1961 WEST 9TH STREET
SUITE B
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

NORMAN SAYRE

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

1373 NORTH KILLIAN DRIVE

83

84 City

LAKE PARK,

FL

85 Zip Code

33403

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SAYRE, NORMAN
STREET ADDRESS 1961 WEST 9TH STREET, SUITE B
CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME SAYRE, NORMAN
1.3 STREET ADDRESS 1373 NORTH KILLIAN DRIVE
1.4 CITY-ST-ZIP LAKE PARK, FL. 33403

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-28-98

561-848-6327

CR2E034 (10/97)