

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000047223 (0)

1. Corporation Name

GLACIER MECHANICAL, INC.



Principal Place of Business

6320 STETLER DRIVE
JACKSONVILLE FL 32216

Mailing Address

P.O. BOX 551391
JACKSONVILLE FL 32255-1391
US

2. Principal Place of Business

2a. Mailing Address

21 5114 DAMASCUS RD

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip

Country

Zip

Country

24 32207

25 DUVAL

29 32207

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3249189

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. 199.03?
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

JASON SLOAN

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

5114 DAMASCUS RD

83

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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 other applicable)

(Typed) Registered Agent signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
SLOAN, JASON
STREET ADDRESS 6320 STETLER DR
CITY-ST-ZIP JACKSONVILLE FL

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 ☒ Change ☐ Addition

1.2 NAME PRESIDENT
JASON SLOAN
1.3 STREET ADDRESS 5114 DAMASCUS RD
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

Jason Sloan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

904-348-2262

(DAY)

Daytime Phone #

CR2E034 (12/95)