

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 24 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050984 (1)

1. Corporation Name

MECHANICAL SERVICES COMPANY OF PENSACOLA, INC.

Principal Place of Business

6830 MOBILE HIGHWAY
PENSACOLA FL 32526

Mailing Address

P.O. BOX 37184
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

4. FEI Number

59-3254265

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ELLIFF, JOHN
6830 MOBILE HIGHWAY
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name

ELLIFF, JOHN T

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

4131 Kimberly Rd

83

Place, FL 32572

84 City

FL

85 Zip Code

32572

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

JOHN T ELLIFF PRESIDENT

2/1/95

Signature, typed or printed name of registered agent and board of directors

(S. 607.11) Registered Agent Signature required when reappointing

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

President

NAME

John T Elliff

STREET ADDRESS

4131 Kimberly Rd

CITY - ST - ZIP

Place FL 32572

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

Sec. Treas.

NAME

John T Elliff

STREET ADDRESS

4131 Kimberly Rd

CITY - ST - ZIP

Place FL 32572

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information indicated in 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, as agent, or an attachment with an address.

SIGNATURE:

JOHN T ELLIFF

2/1/95

(904) 944-3640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number