

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Morfitt
Secretary of State
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

SEAL - 1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069326 (4)**

1. Corporation Name

GUY MECHANICAL, INC.

Principal Place of Business

Mailing Address

**6025 DONALD GUY ROAD
CRESTVIEW FL 32539**

**6025 DONALD GUY ROAD
CRESTVIEW FL 32539**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/19/1994

4. FEI Number

Applied For

59-3269621

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**

7. This corporation has liability for interagency law under § 189.022,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUY, DONALD R
6025 DONALD GUY ROAD
CRESTVIEW FL 32539**

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 Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person named in Block 9 as the registered agent or the registered agent's authorized representative)

(Signature of the person named in Block 10 as the new registered agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DONALD RAY GUY
STREET ADDRESS	6025 DONALD GUY RD.
CITY, ST, ZIP	CRESTVIEW FL 32539
TITLE	S
NAME	RONALD GUY
STREET ADDRESS	4605 AZENBUDA MARINA
CITY, ST, ZIP	PENSACOLA FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate, true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or authorized representative 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 on an attachment with an address.

SIGNATURE:

Donald R Guy
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

3/31/95
DATE

904-682-6870
TELEPHONE NUMBER