

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

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**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90020 029 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000069742**

1. Corporation Name  
**SPECIALTY MECHANICAL INC.**



Principal Place of Business 1526 OAK FOREST DRIVE ORMOND BEACH FL 32174	Mailing Address 1526 OAK FOREST DRIVE ORMOND BEACH FL 32174
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/21/1994</b>	
4. FEI Number <b>65-0527367</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VICTOR, DAVID 1526 OAK FOREST DRIVE ORMOND BEACH FL 32174</b>		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	<b>FL</b>	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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP, DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, DAVID	1.2 NAME	VICTOR, DAVID
STREET ADDRESS	1526 OAK FOREST DRIVE	1.3 STREET ADDRESS	1526 OAK FOREST DR.
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BCH., FL.
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	DS, DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, JOYCE B	2.2 NAME	VICTOR, JOYCE B.
STREET ADDRESS	1526 OAK FOREST DRIVE	2.3 STREET ADDRESS	1526 OAK FOREST DR.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	ORMOND BCH., FL.
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PERRY G	3.2 NAME	
STREET ADDRESS	1104 VIKING DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, LINDA D	4.2 NAME	
STREET ADDRESS	1104 VIKING DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (94) 672-0706  
Date Daytime Phone #

CR2E034 (11/98)