SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000015375 (5)

1. Corporation Name

ISLANDER MECHANICAL SYSTEMS, INC.

Principal Place of Business
1101 GULF BREEZE BLVD.
SUITE 212
GULF BREEZE FL 32561

Mailing Address
1101 GULF BREEZE BLVD.
SUITE 212
GULF BREEZE FL 32561

2. Principal Place of Business
21 2787 Gulf Breeze Pkwy
Suite, Apt #, etc.
22 Suite B
City & State
23 Gulf Breeze, FL
Zip
24 32561
Country
25

2a. Mailing Address
26 2787 Gulf Breeze Pkwy.
Suite, Apt #, etc.
27 Suite B
City & State
28 Gulf Breeze, FL
Zip
29 32561
Country
30

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report
4. FEI Number — [✓] 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 [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

DOYLE, PETER W
1101 GULF BREEZE BLVD.
SUITE 212
GULF BREEZE FL 32561

10. **Name and Address of New Registered Agent**

81 Name: Gary W. Huston
82 Street Address (P.O. Box Number is Not Acceptable): 3 West Garden Street, Suite 600
83
84 City: Pensacola FL
85 Zip Code: 32501

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	DOYLE, PETER W	
STREET ADDRESS	2024 MAGNOLIA AVE.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	[ ] DELETE
NAME	MILLER, ALLEN C	
STREET ADDRESS	1608 LUZON LANE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President	[ ] Change [X] Addition
3.2 NAME	Mickey Brown	
3.3 STREET ADDRESS	2787 Gulf Breeze Parkway, Suite B	
3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
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		

CR2E034 (3/96)

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 if changed, or on an attachment with an address.

SIGNATURE: Mickey Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mickey Brown, President

904-932-3380