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FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000024984 (3)

1. Corporation Name

SHELTON MECHANICAL SYSTEMS, INC.

Principal Place of Business

236 PINE RIDGE DR.  
PANAMA CITY FL 32405

Mailing Address

236 PINE RIDGE DR.  
PANAMA CITY FL 32405-3315

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

03/19/1996

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

4. FEI Number

59-3307121

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHELTON, JAMES K  
236 PINE RIDGE DR.  
PANAMA CITY FL 32405

81 Name Shelton, Jimmie R.

82 Street Address (P.O. Box Number is Not Acceptable)  
236 Pine Ridge Dr.

83

84 City Panama City

FL

85 Zip Code 32405

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 Jimmie R. Shelton Jimmie R. D/P/S/T

4-15-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME SHELTON, JAMES K  
STREET ADDRESS 236 PINE RIDGE DR.  
CITY- ST- ZIP PANAMA CITY FL 32405

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

Change Addition

TITLE DST  
NAME SHELTON, JIMMIE R  
STREET ADDRESS 236 PINE RIDGE DR.  
CITY- ST- ZIP PANAMA CITY FL 32405

DELETE

2.1 TITLE D/P/S/T  
2.2 NAME Shelton, Jimmie R.  
2.3 STREET ADDRESS 236 Pine Ridge Dr.  
2.4 CITY- ST- ZIP Panama City, Fl 32405

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

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 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 changed, or on an attachment with an address.

SIGNATURE: Jimmie R. Shelton Jimmie R. Shelton

4-15-97

(904) 785-2993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0062650

CR2E034 (9/96)