

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000052606 (7)

1. Corporation Name

COLUMBIA MECHANICAL CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 1873
LAKE CITY FL 32056

POST OFFICE BOX 1873
LAKE CITY FL 32056

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 P.O. BOX 2709

26 P.O. BOX 2709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 LAKE CITY, FL

28 LAKE CITY, FL

Zip

Country

Zip

Country

24 32056

25 USA

29 32056

30 USA

4. FEI Number

59-3321297

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

WALLACE, CARSON
101 E. MADISON STREET
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

WALLACE, CARSON

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

BRANFORD HWY BUSINESS PARK #11

83

84 City

LAKE CITY

FL

85 Zip Code

32055

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 agent 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: *Carson Wallace*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signatures required when reinstating)

DATE

4-27-96

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME CARSON R. WALLACE

STREET ADDRESS P.O. BOX 2709

CITY-ST-ZIP LAKE CITY, FL 32056

TITLE DELETE

NAME VICE-PRESIDENT DIANN WALLACE

STREET ADDRESS P.O. BOX 2709

CITY-ST-ZIP LAKE CITY, FL 32056

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 Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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: *Carson Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

Date

Day/Time Phone #

CR2E034 (12/95)