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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057307 1. Corporation Name

T AND R MECHANICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
ROUTE 1. BOX 267B	ROUTE 1. BOX 267B
BLOUNSTOWN FL 32424	BLOUNSTOWN FL 32424

FILED Mar 01, 1999 8:00 am **Secretary of State**

03-01-1999 90143 004 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/25/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3327995 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes the current year Intangible 24 □No 25 30 Personal Property Tax. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 84 City Zip Code 85 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 a	im tamiliar with, and accept the obligations of, Section	n 607.0505, FIORG	ia Statutes.		•		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	le (NOTE: R	egistered Agent signature re	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS				O OFFICERS AND DIRECTO	OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	X DELETE	1.1 TITLE		☐ Change	Addition	
NAME	BAILEY, TERESA F		12 NAME				
STREET ADDRESS			1.3 STREET ADDRESS		•		
CITY-ST-ZIP	BLOUNSTOWN FL 32424		1.4 CITY-ST-ZIP				
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change	Addition	
NAME	BAILEY, ROYCE G		2.2 NAME				
STREET ADDRESS	ROUTE 1, BOX 2678		2.3 STREET ADDRESS	i		i	
CITY-ST-ZIP	BLOUNSTOWN FL 32424		2.4 CITY- ST-ZIP	La La Margaretta La Caracter La La Caracter La Caracte			
TITLE	Vice President	DELETE	3.1 TITLE		☐ Change	Addition	
NAME	Deresa Baily		3.2 NAME				
STREET ADDRESS	PT I BOX 247		3.3 STREET ADDRESS				
CITY-ST-ZIP	Biountstown, 31.32	424	3.4, CITY-ST-ZIP				
TITLE	President	DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME	Ben Watson Rd.		4.2 NAME			i	
STREET ADDRESS	875 Dockwaren Ko.		4.3 STREET ADDRESS				
CITY-ST-ZIP	Cordu ya. 31015		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY OT 7ID			64 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: