

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 SEP -4 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0114437

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000075464 (4)**

1. Corporation Name

FLORIDA MECHANICAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

59-3335534

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business

**4533 SUNBEAM ROAD UNIT 702
JACKSONVILLE FL 32057
US**

Mailing Address

**6830 LEE HWY
CHATTANOOGA TN 37421
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **P.O. Box 56557**

27 Suite, Apt. #, etc.

28 **Jacksonville, FL 32241-6557**

29 **32241-6557** **30** **US**

9. Name and Address of Current Registered Agent

**HENSLEY, JOHN T.
2421 CYPRESS SPRINGS ROAD
JACKSONVILLE FL 32073**

10. Name and Address of New Registered Agent

81 Name **JOHN T. HENSLEY**
82 Street Address (P.O. Box Number is Not Acceptable)
3524 SHELTON RD.
83
84 City **ORANGE PARK** **85** Zip Code **FL 32065**

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 **P** ☐ DELETE

NAME **HENSLEY, JOHN T.**
STREET ADDRESS **2421 CYPRESS SPRINGS ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE

NAME **PANNELL, THOMAS A.**
STREET ADDRESS **718 JAMES AVE**
CITY-ST-ZIP **CHATTANOOGA TN**

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 **P** ☒ Change ☐ Addition

1.2 NAME **JOHN T. HENSLEY**
1.3 STREET ADDRESS **3524 SHELTON RD**
1.4 CITY-ST-ZIP **ORANGE PARK FL 32065**

2.1 TITLE **S** ☒ Change ☐ Addition

2.2 NAME **THOMAS A. PANNELL**
2.3 STREET ADDRESS **4613 DAYTON BLVD**
2.4 CITY-ST-ZIP **CHATTANOOGA TN 37415**

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 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:

SIGNATURE REQUIRED

30 AUG 98

904 626 9554

CR2E034 (5/98)



FLORIDA MECHANICAL SERVICES INC
Commercial Refrigeration/AC/Heating

4533 Sunbeam Road Unit 702 • PO Box 56557 Zip 32241-6557 • Jacksonville, FL 32257
phone (904)636-9554 • fax (904)636-9564

Florida Dept. of State
Division of Corporations
Attn: Sean Toner
P.O. Box 6327
Tallahassee, FL 32314

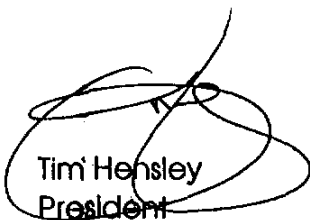
2 Sep 98

Dear Mr. Toner,

I've enclosed the 1998 filling fee, as you requested per the telephone conversation with my CPA on Sep. 2nd. The first Annual Report Packet was sent to my old CPAs address, and was never forwarded to me. The second notice was also sent to my old CPAs address and was forwarded to me on Sep. 1st.

I appreciate your consideration in waiving the late fee. To prevent this from reoccurring I've changed the Corporate Mailing address in the packet to our company mailing address to ensure it receives prompt attention. Again, thank you!

If you have any questions or need additional information, please give me a call at 904-636-9554.


Tim Hensley
President