2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P95000075464 1. Entity Name FLORIDA MECHANICAL SERVICES, INC. 08-21-2000 90213 005 ***550.00 Principal Place of Business Mailing Address P.O. BOX 56557 3 SUNBEAM ROAD JACKSONVILLE FL 32241-6557 **UNIT 403** JACKSONVILLE FL 32057 3. Mailing Address 2. Principal Place of Business :533 Sunbeam K<u>o</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ite, Apt. #, etc. Unit 403 Applied For City & State City & State 4. FFI Number 59-3335534 Jacksonv: 1le Not Applicable Country .-\$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HENSLEY, JOHN T Street Address (P.O. Box Number is Not Acceptable) ---3524 SHELDON RD JACKSONVILLE FL 32065 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing' \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE Delete · · TITLE HENSLEY, JOHN T NAME NAME Σ STREET ADDRESS 3524 SHELDON RD STREET ADDRESS JACKSONVILLE FL 32065 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE PANNELL, THOMAS A NAME NAME **4613 DAYTON BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHATTANOOGA TN 37415 CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STATURES SHOULD HEAL IN SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 17 00 Date

904-634-9554 Daytime Phone #