FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000092638 (2)

GLACIER MECHANICAL SERVICES INC.

Principal Place of Business Mailing Address 7739 AVOCET DR WESLEY CHAPEL FL 33544 US Mailing Address 7739 AVOCET DR WESLEY CHAPEL FL 33544 US								a ni	AHO INDIO DINOD F	#101 1011 1001	
WESLEY CHAPEL FL 33544 WESLEY CHAPEL FL 3354					544			DO NOT WRITE IN THIS SPACE			
			•					3. Date Incorporated or Qualified			
9 Principal	Place of Busines		2. Mailin	g Address				12/06/1995 4. FEI Number			Applied For
21			26					59-3346089		 	Not Applicable
Suite, Ap	ot. #, etc.		Suite	Apt. #, etc.				5. Certificate of Status Desired	赵	\$8.75	Additional
22			27					1			Required
City & State			— ·	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Zip		Zip	Zip Country				8. This corporation owes or has p				
24	25	J	29		30			Personal Property Tax due Jun	e 30.	☐ Yes	□No
		d Address of Curi	rent Registered	igent	8	Name		10. Name and Address of New R	egistered	I Agent	
	ZENAY, CRAIG				Ů	l Name	е				
	739 AVOCET DI				8:	Street	t Address	s (P.O. Box Number is Not Accepta	ıble)		
41	ESLEY CHAPE	L FL 33544			8	3					
					8	City				85 Zip	o Code
· · · · · · · · · · · · · · · · · · ·				- 		' '			<u>FI</u>	- '	
f office or	r regi ste red agen:	t, or both, in the Sta	ate of Florida, Suc	ch change was	authorized b	v the co	d corpora orporation	ation submits this statement for the is board of directors. I hereby acce	purpose opt the ac	of changing ipointment a	its registered is registered
agent. I	am familiar with,	and accept the ob			Iorida Statuti	es.			9.	. ~	_
SIGNATURE	Signature typed or r	inted runna of regulared		143012 NO	TL: Registered A	jon! signatur	re required v	when reinstating)	DATE	7. <i>9</i> 6	
12.			NO DIRECTORS		13.	·		ADDITIONS/CHANGES TO OFFI	CERS AN	ID DIRECTO	RS IN 12
TITLE	PT		•	DELETE	1.1 TITLE					☐ Change	Addition
NAM€	CRAIG SZE				1.2 NAME						
STREET ADDRESS	7739 AVOC					T ADDRESS	1				
CITY-ST-ZIP TITLE	VPS	MAPEL FL		DELETE	1.4 CITY- 2.1 TITLE	21 - ZIP				☐ Change	Addition
NAME	BRENDA S	ZENAM		_	2.2 NAME		BRE	HDA SZENAY			
STREET ADDRESS					2.3 STREE	t address		•	. '>		
CITY-ST-ZIP	WESLEY C	HAPEL FL			2. 4 CITY	ST-ZIP				···	
TITLE				☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS					3.2 NAME	T ADDRESS					
CITY-ST-ZIP	3				3.4. CITY						
TITLE	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		DELETE	4.1 TITLE			***************************************		☐ Change	Addition
NAME					4. 2 NAM						
STREET ADDRESS	5				4.3 STREE	1 address					
CITY-ST-ZIP	 			☐ DELETE	4.4 CITY-	ST-ZIP	1			Chance	Addition
TITLE NAME				- DECEIE	5.1 TITLE 5.2 NAME					☐ Change	Moninou
STREET ADDRESS	s					T ADDRESS					
CITY-ST-ZIP					5.4 CITY-						
TITLE				DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME		1				
STREET ADDRESS	3					T ADDRESS	1				
CiTY - ST. 7IP	F				A CITY	CT 7/D	1				

14. Thereby 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.

CR2E034 (10/97)

FILED

Mar 13 1998 8:00am

Secretary of State