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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000093591 (2)

ASAP MECHANICAL, INC.

## FILED May 08 1997 8:00am Secretary of State



704 STARKE LI OCOEE FL 347		Mailing Address P.O. BOX 246 OCOEE FL 34761-0246 US	P.O. BOX 246 OCOEE FL 34761-0246					
					3. Date Incorporated or Qualified 12/07/1995	3a. Date of 06/17/19	Last Report <b>996</b>	
···· — i	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
11 2 2 / 2 11 Suite, Apt.	06 Texumælec A	96 Po Box Suite, Apt. #, etc.	1118		59-3352537		Not Applicable  3.75 Additional	
2	#, etc.	27			5. Certificate of Status Desired	1 1 7 "	Fee Required	
City & Stat	10	City & State			6. Election Campaign Financing	\$	5.00 May Be	
3 Chaisi	tones, FL.	28 Christma	5 F/2		Trust Fund Contribution		Added to Fees	
Zip Tionoroo	Country	Zip	Country	_	6. This corporation has liability for it			
4 3270	9. Name and Address of Current	29 32709 Begintered Appen	30 (	>	Florida Statutes  10. Name and Address of New Reg	Yes No		
1 AT1		riogistorou Agent	B1	Name	10. Hallo allo Abbiese of Hen Hos	hatalan vidori	<u> </u>	
	TNER, PETER L JR							
704 STARKE LAKE CIRCLE OCOEE FL 34761				82 Street Address (P.O. Box Number is Not Acceptable)				
UUL	JEE 1 E 94701		83			<del>,,</del> ,		
				····			<u> </u>	
			84	City		FL 85	Zip Code	
office or r agent. La SiGNATURE	registered agent, or both, in the State c im familiar with, and accept the obligat	f Florida. Such change was ions of, Section 607.0505, Fl	authorized by florida Statutes.	the corporal	poration submits this statement for the prition's board of directors. I hereby accep	t the appointm	iging its registered	
	Signature, typed or printed name of registered agent			signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND OID	COTODO IN 10	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change Additio	
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CITY - ST - ZIF TITLE		4	1.4 CITY-SY-	ZII				
	i VIP		213111		<i>,</i> D	<u> </u>	`hanoa I►T Addilio	
	VP LATTNER KELLY L		2.1 TITLE	\	I.P.	3 =:#	Change L Addition	
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4. I do heretry 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 arri 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: }

Peter LEHRIUS,

NO OFFICER OR DIJECTOR

Pres. 4-30-97

Daytime Phone #