

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000093591 (2)**

1. Corporation Name
ASAP MECHANICAL, INC.



Principal Place of Business 704 STARKE LAKE CIRCLE OCOE FL 34761	Mailing Address P.O. BOX 246 OCOE FL 34761-0246 US
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2. Principal Place of Business 23706 Tex Wheeler Ave		2a. Mailing Address P.O. Box 1116		3. Date Incorporated or Qualified 12/07/1995	3a. Date of Last Report 06/17/1996
21. Suite, Apt. #, etc.		2a. Suite, Apt. #, etc.		4. FEI Number 59-3352537	Applied For Not Applicable
22. City & State Christmas, FL.		27. City & State Christmas FL.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 32709		28. Zip 32709		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country US.		30. Country US.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LATTNER, PETER L JR 704 STARKE LAKE CIRCLE OCOE FL 34761				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	LATTNER, PETER LEE JR. 704 STARKE LAKE CIRCLE OCOE FL 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP	LATTNER, KELLY L. 327 SW 21ST #2 WINTER HAVEN FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V.P. Michael Lewis Britt 23706 Tex Wheeler Ave Christmas FL 32709
S	LATTNER, BERNADINE 207 LAKE DRIVE ORLANDO FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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: **Peter Lattner** PRES. 4-30-97 568-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)