

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000093591 (2)

1. Corporation Name

ASAP MECHANICAL, INC.



Principal Place of Business

P.O. BOX 1116  
CHRISTMAS FL 32709  
US

Mailing Address

P.O. BOX 1116  
CHRISTMAS FL 32709  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1995

4. FEI Number

59-3352537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LATTNER, PETER L JR  
704 STARKE LAKE CIRCLE  
OCFEE FL 34761

10. Name and Address of New Registered Agent

81 Name

Carolyn Britt

82 Street Address (P.O. Box Number is Not Acceptable)

23706 TEX WHEELER AVE

83

84 City

Christmas

FL

85 Zip Code

32709

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

Carolyn L. Britt

5-4-98

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  
NAME LATTNER, PETER LEE JR.  
STREET ADDRESS 704 STARKE LAKE CIRCLE  
CITY-ST-ZIP OCFEE FL 34761

☒ DELETE

TITLE VP  
NAME BRITT, MICHAEL LEWIS  
STREET ADDRESS 23706 TEX WHEELER, AVE  
CITY-ST-ZIP CHRISTMAS FL

☐ DELETE

TITLE S  
NAME LATTNER, BERNADINE  
STREET ADDRESS 207 LAKE DRIVE  
CITY-ST-ZIP ORLANDO FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres  
1.2 NAME Carolyn Britt  
1.3 STREET ADDRESS 23706 TEX WHEELER AVE  
1.4 CITY-ST-ZIP Christmas FL 32709

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Carolyn L. Britt, Pres

2-4-98

407-568-4866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0090847

CR2E034 (10/97)