

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000093591**

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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 249 CENTRAL PARK DRIVE

Suite, Apt. #, etc.

22

City & State

23 SANFORD, FL

Zip

24 32771

Country

25 USA

2a. Mailing Address

26 249 CENTRAL PARK DRIVE

Suite, Apt. #, etc.

27

City & State

28 SANFORD, FL

Zip

29 32771

Country

30 USA

9. Name and Address of Current Registered Agent

BRITT, CAROLYN
23706 TEX WHEELER AVENUE
CHRISTMAS FL 32709

10. Name and Address of New Registered Agent

81 Name

ROBERT E. WEATHERS

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

249 CENTRAL PARK DRIVE

83

84 City

SANFORD

FL

85 Zip Code

32771

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

Robert E. Weathers
Signature, typed or printed name of registered agent and title if applicable.

ROBERT E. WEATHERS, PRESIDENT

DATE

8-25-99

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **BRITT, CAROLYN**
STREET ADDRESS **23706 TEX WHEELER AVENUE**
CITY-ST-ZIP **CHRISTMAS FL 32709**

TITLE **VP** ☒ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **ROBERT E. WEATHERS**
1.3 STREET ADDRESS **204 BRYNWOOD LANE**
1.4 CITY-ST-ZIP **SANFORD, FL 32771**

2.1 TITLE **VP** ☒ Change ☐ Addition

2.2 NAME **ROBERT D. HOLUB**
2.3 STREET ADDRESS **2555 S. SPRING GARDEN AVE.**
2.4 CITY-ST-ZIP **DELAND, FL 32720**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Robert E. Weathers
Signature, typed or printed name of signing officer or director

ROBERT E. WEATHERS, PRESIDENT 8-25-99 (407) 322-7211

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90005 028 ***558.75



CR2E034 (5/99)