

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90071 046 ***158.75

DOCUMENT # P96000043960

1. Corporation Name

MAP MECHANICAL SPECIALTIES, INC.

Principal Place of Business

3736 BROOKMYRA DR
ORLANDO FL 32837
US

Mailing Address

3736 BROOKMYRA DR
ORLANDO FL 32837
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

59-3380655

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1495 EAST WIND BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 1495 EAST WIND BLVD
Suite, Apt. #, etc.

City & State

23 KISSIMMEE, FL
Zip Country

24 34746 25 USA

City & State

28 KISSIMMEE, FL
Zip Country

29 34746 30 USA

9. Name and Address of Current Registered Agent

RAMOS, JOSE L
5381-B HOFFNER AVE
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name
EMIL PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable)
1495 EAST WIND BLVD
83
84 City KISSIMMEE FL 85 Zip Code 34746

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 *Emil Phillips*
Signature, typed or printed name of registered agent and title if applicable.

EMIL PHILLIPS
(NOTE: Registered Agent signature required when reinstating)

4/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME PHILLIPS, EMIL
STREET ADDRESS 2623 BRITTANY LANE
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE VSD ☐ DELETE
NAME PHILLIPS, MARIANGELA D
STREET ADDRESS 2623 BRITTANY LN
CITY-ST-ZIP KISSIMMEE 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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1495 EAST WIND BLVD
1.4 CITY-ST-ZIP KISSIMMEE, FL 34746

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1495 EAST WIND BLVD
2.4 CITY-ST-ZIP KISSIMMEE, FL 34746

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, on an attachment with an address, with all other like empowered.

SIGNATURE *Emil Phillips*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 (407) 397-4752
Date Daytime Phone #

CR2E034 (11/98)