

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90169 038 ***150.00

DOCUMENT # P97000003046

1. Corporation Name

MECHANICAL AIR SERVICES, CORPORATION

Principal Place of Business

446 N DILLARD ST
STE 2
WINTER GARDEN FL 34761
US

Mailing Address

1583 E SILVER STAR
STE 101
OCOOEE FL 34761
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1997

4. FEI Number

59-3418987

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8263 C Causeway Blvd
Suite, Apt. #, etc.

26 P.O. Box 2390
Suite, Apt. #, etc.

22 City & State

23 Tampa FL

27 City & State

28 Windermere FL

24 Zip

25 USA

29 Zip

30 34786 USA

9. Name and Address of Current Registered Agent

B&C CORP SERVICES OF CENTRAL FLA INC
390 N ORANGE AVE
STE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99 DT

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME TAYLOR, DOUG
STREET ADDRESS 2415 LIELO LEE CT
CITY-ST-ZIP OCOEE FL 34761

TITLE S ☐ DELETE
NAME TAYLOR, KIMBERLY
STREET ADDRESS 2415 LIELO LEE CT
CITY-ST-ZIP OCOEE FL 34761

TITLE TD ☐ DELETE
NAME TAYLOR, DOUGLAS
STREET ADDRESS 2415 LIELO LEE COURT
CITY-ST-ZIP OCOEE FL 34761

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 President ☒ Change ☐ Addition
1.2 NAME Doug Taylor
1.3 STREET ADDRESS 2648 Carter Grove
1.4 CITY-ST-ZIP Windermere, FL 34786

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Kimberly Taylor
2.3 STREET ADDRESS 2648 Carter Grove
2.4 CITY-ST-ZIP Windermere, FL 34786

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Doug Taylor
3.3 STREET ADDRESS 2648 Carter Grove
3.4 CITY-ST-ZIP Windermere, FL 34786

4.1 TITLE V.P. ☐ Change ☒ Addition
4.2 NAME Glen Cummings
4.3 STREET ADDRESS 102 Goldenwood Ave
4.4 CITY-ST-ZIP Brandon, FL 33511

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

523-
407-2608

CR2E034 (11/98)