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

FILED
99 NOV 15 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006965

1. Corporation Name
DELAPORTE'S MECHANICAL INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
403 EAST DUSK WAY FORT PIERCE FL 34945	403 EAST DUSK WAY FORT PIERCE FL 34945

3. Date Incorporated or Qualified: 01/17/1997

4. FEI Number: 65-0747585 ☐ 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	2a. Mailing Address
21 3901 Okeechobee Road	26 3901 Okeechobee Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft Pierce, FL	28 City & State: Ft. Pierce, FL
24 Zip: 34945 25 Country: USA	29 Zip: 34945 30 Country: USA

9. Name and Address of Current Registered Agent

DELAPORTE, FRANK
403 EAST DUSK WAY
FORT PIERCE FL 34945

10. Name and Address of New Registered Agent

81 Name: FRANK Delaporte
82 Street Address (P.O. Box Number is Not Acceptable): 3901 Okeechobee Road
83
84 City: Ft. Pierce FL 85 Zip Code: 34945

11. N/A 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: [signature] FRANK DELAPORTE 11/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELAPORTE, JOHN 13 EVERGREEN DRIVE LITTLE EGG HARBOUR NJ 08087	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 900003063539--6 -12/07/99--01093--006 *****758.75 *****758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELAPORTE, ANN 13 EVERGREEN DRIVE LITTLE EGG HARBOUR NJ 08087	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELAPORTE, FRANK 403 E DUSK WAY FORT PIERCE FL 34945	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	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: [signature] REQUIRED 10/29/99 561-466-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)