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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000051705 (6)

## MECHANICAL CONSTRUCTION CONSULTING CORP.

## FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
4721 \$ LANDINGS DR 4721 \$ LANDINGS DR FT MYERS FL 33919 FT MYERS FL 33919							
TI MILIO IL SOPIO		i minip to vole				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
			<u></u>			06/11/1997	
<del>_</del> ·	ace of Business	2a. Mailing Address				4. FEI Number Applied For 22 - 35 2 9 1 6 1 Not Applicable	
Suite, Apt. i	H nto	Suite, Apt. #, etc.				¢9.75 4.486	
<del></del> 1	w, etc.	<u> </u>	<del>}</del>			5. Certificate of Status Desired Fee Required	
22 City & State		City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country			Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30.  Yes No	
	9. Name and Address of Curre					10. Name and Address of New Registered Agent	
KO	IL, LEO			81	Name		
4721 S LANDINGS DR FT MYERS FL 33919				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
					Silvar Add	acout to the transportation of the transportation	
• • • • • • • • • • • • • • • • • • • •				83			
						<b>85</b> Zip Code	
				84	City	FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.05	502 and 607.1508, Florida \$	Statutes, the al	DOVE	e-named cor	poration submits this statement for the purpose of changing its registered	
office or re	e <b>gistered agent, or b</b> oth, in the Stal m <b>fam</b> iliar with, an <b>d a</b> ccept the obli	te of Florida. Such change nations of Section 607.050	was authorized 5. Florida Stat	d by utes	<i>t</i> the corpora	ation's board of directors. I hereby accept the appointment as registered	
-		<b>9</b>					
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE Registered	d Age	arıl signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELET	E 1.1 TO	TLE		Change Addition	
NAME	KOHL, IRENE		1.2 N	AME			
STREET ADDRESS	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1.3 \$1	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919			1.4 CITY - ST - ZIP			
TITLE	DST	☐ DELET	E 2111	TLE		Change Addition	
NAME	KOHL, LEO		2.2 N/				
STREET ADDRESS	4721 S LANDINGS DR			REET	ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919			2 4 CITY-ST-ZIP			
TITLE	☐ DELETE 3			31 TITLE		Change Addition	
NAME			3 2 N/				
STREET ADDRESS			3 3 51	AEET	ADDRESS		
CITY-ST-ZIP					ST-ZIP		
TITLE		☐ DELET				Change Addition	
NAME			4. 2 N	AME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP					ST - ZIP		
TITLE		☐ DELET				Change	
NAME			5.2 N/				
STREET ADDRESS			5 3 51	REET	ADDRESS		
CITY-ST-ZIP					ST - 21P		
TITLE		☐ DELET	E 6.1 Tri	TLE		Change Addition	
NAME			62 N/	AME			
STREET ADDRESS			6.3 ST	AEET	ADDRESS		
CITY-ST-ZIP					ST-7IP		
14. I hereby c	ertify that the information supplied	with this filing doos not qua	alify for the exe	emp	tion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information	

14. Thereby 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 supplied ental 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 occiver or fuster emphasized 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 open attachment with an advices.

1 ED KOHL