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

DOCUMENT # P97000070266

STEINER MECHANICAL, INC.

OTEMENT INCOME, INCOME				A CHARLESON IND ROBBE LEADER AND A SOCIAL CORRES LABORS CORRES HAVE BEEN BEEN AND A LIBERTARIA CONTRACTOR AND A CORRESPONDING CORRESPONDI	
Principal Place	of Pusinge	Mailing Address			
	and the second s				
951 NE 16TH ST 951 NE 16TH ST UNITE A					
UNIT A UNITE A OCALA FL 34470 OCALA FL 34470					DO NOT WRITE IN THIS SPACE
US	•	US			3. Date Incorporated or Qualifed 08/13/1997
O. Deimainal Di	less of Business	2a. Mailing Address			4. FEI Number Applied For
					59-3467361 Not Applicable
21	# -1-	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt.	#, etc.	 1			5. Certificate of Status Desired Fee Required
22		City & State	-		6. Election Campaign Financing \$5.00 May Be
_ =, = =					Trust Fund Contribution Added to Fees
23 28			Coun	n/	This corporation owes the current year Intangible
Zip	Country	Zip		ıı y	Personal Property Tax.
24	25		30		10. Name and Address of New Registered Agent
	9. Name and Address of Curren		 ,	1 Name	(U. Name and Address of New Registeres Agent
QTE:	NER, MARK	They will the state of the second		Name	
) SE 8TH AVE		[4	32 Street Ad	ddress (P.O. Box Number is Not Acceptable)
OCALA FL 34471				33	
					自然是自己的 医神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经神经
}	.**			City	FL 85 Zip Code
55.35 000		0 1 007 4500 Flydd Ctatut	an the ob-	wa namad a	expending submits this statement for the ournose of changing its registered
11. Pursuant	to the provisions of Sections 607.050.	of Florida: Such change was a	uthorized	by the corpor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
G⊡Vagent.I/a	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flo	rida Statut	es.	
SIGNATURE	•	<u>.</u>			3 .
	Signature, typed or printed name of registered ager			gent signature req	julied when reinstating) . 198, DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 1111		Change Model
NAME	STEINER, MARK		1.2 NAN		
STREET ADDRESS	2630 SE 8TH AVE.		1.3 STR	EET ADDRESS	
CITY-ST-ZiP	OCALA FL 34471		1.4 CIT	-ST-ZIP	
TITLE	,	☐ DELETE	2.1 TITL	E	☐ Change ☐ Additi
NAME				E	
STREET ADDRESS	2.3		2.3 STR	EET ADDRESS	
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TITLE ONE		DELETE	3.1 TTTL		☐ Change ☐ Additi
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NAME OF NE TENT	it.	Francisco Server		1	·
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CITY-ST-ZIP 3	[**	Other State District Distri	_	(-ST-ZIP	Change 🎋 🖸 Addit
TITLE	1	∴ DELETE	5.1 TITL	1	
NAME	1		5.2 NAM		
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CITY-ST-ZIP	-1-90-1 - 2-90-1			(-ST-ZIP	Channe Cil Addit
TITLE	Oct over the harden	☐ DELETE	6.1 TITL	E	Change

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90013 017 ***150.00

352-620-8200