## 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 # P97000081888 (4)

CENTRAL FLORIDA MECHANICAL, INC.

Principal Place of Business

Mailing Address

737 CARROLL AVE., S.W. WINTER HAVEN FL 33880

737 CARROLL AVE., S.W. WINTER HAVEN FL 33880

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



WINTER HAVEN FL 33880		WINTER HAVEN FL 33880			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					09/19/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
Suite, Apt.	# Ato	Suite, Apt. #, etc.			EIN # 59-346-9882   Not Applicable	
22 Suite, Apr.	π, Βις.	27			5. Certificate of Status Desired See Regulred Fee Regulred	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent	
	NTI, RICHARD J		,	Ivairie		
	CARROLL AVE., S.W.			82 Street	Address (P.O. Box Number is Not Acceptable)	
Wir	NTER HAVEN FL 33880		1	83		
			J			
				84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	tes, the at	ove-named	corporation submits this statement for the purpose of changing its registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	o of Florida. Such chang <b>e w</b> as a pations of, Section 607.0505, Flo	authorized orida Stat	t by the corp utes	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered ag			Agent signature	required when reinstating) DATE	
TITLE	OFFICERS AF	ID DIRECTORS  DELETE	13.	(E	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME			1.2 NA		PRESIDENT	
STREET ADDRESS				REE1 ADDRESS	RICHARD J. CONTI	
CITY-ST-ZIP				Y-ST-ZIP	737 CARROLL AVE., S. W. WINTER HAVEN, FL 33880	
TITLE		DELETE	2 1 TO		I Change ► Addition I	
NAME			2.2 NA	ME	VICE PRESIDENT JOSEPH A. CONTI	
STREET ADDRESS			2.3 ST	REET ADDRESS	2661-A TRINITY CIR. N. W.	
CITY-ST-ZIP				TY-ST-ZIP	WINDED HAVEN FL 33881	
TITLE	DELETE		3.1 1(1	ì	SECRETARY Change Addition	
NAME			3.2 NA		JANET CONTI	
STREET ADDRESS	<u>-</u>		•	HEET ADDRESS	2661-A. TRINITY CIR. N. W.	
CITY-ST-ZIP TITLE		DELETE	4,1 TIT	IY-ST-7IP	2661-A. TRINITY CIR. N. W. WINTER HAVEN, FL 33881 Change Addition	
NAME		_ varen	4. 2 NA	j	, Change - Notifier	
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP	ì	
TITLE		DELETE	5 1 Til		Change Addition	
NAME			5.2 NA	ME	į.	
STREET ADDRESS			5.3 \$11	reet adoress	1	
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		DELETE	6.1 TiT	TE	Change Addition	
NAME			6.2 NA	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP	artify that the information supplied u	ith this filing does not explife to	6.4 CIT	Y-ST-ZIP	d in Continu 110 07/0/ii) Florida Ctabidas I further continuthed the information	

14. I meropy carmy that the inturnation supplied with this iming does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the informatio 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:

RICHARD J. CONTI

2/2-198 941-8

941-291-3020