

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 # P97000093035 (8)
1. Corporation Name
R&M MECHANICAL, INC.

Principal Place of Business

2228 RIDGEMORE DRIVE
VALRICO FL 33594

Mailing Address

2228 RIDGEMORE DRIVE
VALRICO FL 33594

2. Principal Place of Business

21 2228 RIDGEMORE DR.
Suite, Apt #, etc

2a. Mailing Address

26 SAME
Suite, Apt #, etc

City & State

23 VALRICO FLORIDA

City & State

27

Zip

24 33594

Country

25 Hillsborough

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BATRONIE, GENE
221 E. BRANDON BLVD.
BRANDON FL 33511

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 607.0502 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CLAXTON, MAEDA R
STREET ADDRESS 2228 RIDGEMORE DRIVE
CITY-ST-ZIP VALRICO FL 33594 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

11 TITLE PRESIDENT ☒ Change ☐
12 NAME RAY WARREN
13 STREET ADDRESS 2228 RIDGEMORE DR.
14 CITY-ST-ZIP VALRICO, FL 33594 ☐ Change ☐

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP 300002787963--1
31 TITLE -02/25/99--01100--010
32 NAME *****300.00 *****300.00 ☐ Change ☐

33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ray Warren

4-01-98

FILED

99 FEB 22 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA