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

PROFIT CORPORATION ANNUAL REPORT

1998

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 12 1998 8:00am Secretary of State

1. Corporatio	MEN # P97000 M MECHANICAL INC.	104734 (3)			 		
Principal Plac	e of Business	Mailing Address				Spatt miste lande 14	111 0101 1001
605 S.E. S6TH AVENUE OCALA FL 34471		605 S.E. 56TH AVENUE OCALA FL 34471					
OUALA FL 3	14 71	OUALM PL 34471			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified		
					12/11/1997	 	
21 (a) 5	SE 5674 Ave	26. Mailing Address 26. 605 SE	56th A.	do	4. FEI Number 59-3481886		oplied For ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	50 71				Additional
22 //01	ne	27 None			5. Certificate of Status Desired	Fee Re	
City & Stat	°1 (1)	City & State	7-1		6. Election Campaign Financing	\$5.00	
23 <u>C</u>	GIA, FC	28 Cala	Country		Trust Fund Contribution	.,	to Fees
24 344	471 25 11.S.	29 34471 3	-1 1 C		This corporation owes or has paid the Personal Property Tax due June 30.		No I
-7 -7 -7 -7	9. Name and Address of Current F	<u> </u>	<u> </u>		10. Name and Address of New Registers		*
JOCHIM, TODD 81 Name							
605 S.E. 56TH AVENUE				Addres	ss (P.O. Box Number is Not Acceptable)		
OCALA FL 34471							
			83				
			84 City		F	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	, the above-named	corpo			ts registered
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							
40	Signature, typed or printed minor of registered agent a OFFICERS AND I		logislered Agent signature	required	ADDITIONS/CHANGES TO OFFICERS A		00 IN 10
12.	Drac Short	DELETE	1.1 TITLE	PA	esident	Change	Addition
NAME -	Todd Jochim	-	1.2 NAME		odd Jochim	_ ,	_
STREET ADDRESS	605 SE 56Th AU	ર	1.3 STREET ADDRESS		OS SE 56th AUR		
CITY-ST-ZIP	Ocala FL 344		1.4 CITY - ST - ZIP	0	cala, FL 34471		
TITLE	Vice President	☐ DELETE	2.1 TITLE	Vic	ce-President	Change	Addition
NAME	Lesley Jungers		2.2 NAME		sley Jungers		
STREET ADDRESS	647 Overland TV	ail cools	2.3 STREET ADORESS	6		0010	
CITY-ST-ZIP TITLE	Secley Lake, M	7 2.18 € X	2.4 CITY-ST-ZIP 31 TITLE	121	eeley Lake, MIT 5	9868 □ Change	Addition
NAME	•	beecen	3.2 NAME		•		
STREET ADDRESS			3.3 STREET ADORESS	 			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	[
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
name ,			4. 2 NAME	ļ			
STREET ADDRESS			4.3 STREET ADDRESS	1			
CITY-\$T-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	ļ		Change	Addition
NAME		_ occur	5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	[
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for t	6.4 CITY-ST-ZIP	ed in S	ection 119.07(3)(i). Florida Statutes, I further	certify that the	information
indicated officer or	on this annual report or supplemental a director of the corporation or the receive	innual report is true and accurate of trustee empowered to extend	ate and that my sig ecute this report as	nature requir	ection 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made ed by Chapter 607, Florida Statutes; and th	under oath; tha at my name ap	at I am an pears in

2-6-98