## 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 # P98000020814

GOLD MECHANICAL SERVICES, INC.



Principal Place of Business Mailing Address 11710 SADLER COURT 11710 SADLER COURT WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/27/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address w. Enterprise St Not Applicable 26 e, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired ife # Fee Required 27 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country This corporation owes the current year Intangible Personal Property Tax. 50No 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SCHWENNEKER, JEFF 82 Street Address (P.O. Box Number is Not Acceptable) 11710 SADLER COURT WINTER GARDEN FL 34787 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition ☐ Change ☐ DELETE 1.1 TITLE TITLE SCHWENNEKER, JEFF 1.2 NAME NAME 11710 SADLER COURT STREET ADDRESS 1.3 STREET ADDRESS WINTER GARDEN FL 34787 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE JONES, AARON D II 2.2 NAME NAME 7677 TORINO COURT 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP - 🔄 Change 🚐 🖃 Addition . □ DELETE 5.1 TITLE TITI F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS