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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90020 021 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050866

MECHANICAL INDUSTRIAL SERVICES, INC.

Principal Place of Business
4141 SPRING WAY CIRCLE
VALRICO FL 33594

Mailing Address
4141 SPRING WAY CIRCLE
VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1998

4. FEI Number

54-3514756

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional - Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 1000 Hoover Road

Suite, Apt. #, etc.

22 City & State

23 Winter Haven FL

Zip

24 33884

Country

25 USA

2a. Mailing Address

26 1000 Hoover Road

Suite, Apt. #, etc.

27 City & State

28 Winter Haven FL

Zip

29 33884

Country

30 USA

9. Name and Address of Current Registered Agent

ADKINS, CARL
4141 SPRING WAY CIRCLE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name

Dan L. Beale

82 Street Address (P.O. Box Number is Not Acceptable)

6618 Winter Gardens Road

83

84 City Winter Haven

FL

85 Zip Code 33884

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

Dan L. Beale, Vice President

03/30/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ADKINS, CARL
STREET ADDRESS 4141 SPRING WAY CIRCLE
CITY-ST-ZIP VALRICO FL 33594

TITLE D ☒ DELETE

NAME ADKINS, KATHY
STREET ADDRESS 4141 SPRING WAY CIRCLE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Carl Adkins
1.3 STREET ADDRESS 4141 Spring Way Circle
1.4 CITY-ST-ZIP Valrico FL 33594

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Addition

3.2 NAME Dan L. Beale
3.3 STREET ADDRESS 6618 Winter Gardens Road
3.4 CITY-ST-ZIP Winter Haven FL 33884

4.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition

4.2 NAME Robert D. Beale
4.3 STREET ADDRESS 3726 White Oak Court
4.4 CITY-ST-ZIP Lake Wales FL 33853

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/99

(941) 325-8300

Date

Daytime Phone #

0378594

CR2E034 (11/98)