

2-398 B 1337 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S77285** (2)
1. Corporation Name
TROPICAL MECHANICAL SERVICES, INC.



Principal Place of Business 593 TULANE DR ALTAMONTE SPRINGS, FL 32714	Mailing Address 593 TULANE DR ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/26/1991	
4. FEI Number 59-3097029		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KELLEY, ROBERT D. 10357 KAPOK CT ORLANDO FL 32817				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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 Robert D. Kelley - V. President ROBERT D. KELLEY Jan 19, 1998
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		11 TITLE	Change	Addition	
NAME	RODRIGUEZ, CARLOS M			12 NAME			
STREET ADDRESS	593 TULANE DR			13 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPGS FL			14 CITY-ST-ZIP			
TITLE	VP	DELETE		21 TITLE	Change	Addition	
NAME	KELLEY, ROBERT D			22 NAME			
STREET ADDRESS	10357 KAPOK CT			23 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			24 CITY-ST-ZIP			
TITLE	S	DELETE		31 TITLE	Change	Addition	
NAME	KELLEY, KAREN M			32 NAME			
STREET ADDRESS	10357 KAPOK CT			33 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			34 CITY-ST-ZIP			
TITLE	T	DELETE		41 TITLE	Change	Addition	
NAME	RODRIGUEZ, MIRTHA L			42 NAME			
STREET ADDRESS	593 TULANE DR			43 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPGS FL			44 CITY-ST-ZIP			
TITLE		DELETE		51 TITLE	Change	Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		DELETE		61 TITLE	Change	Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

SIGNATURE: Mirtha Rodriguez MIRTHA RODRIGUEZ 1-19-98 407 862-4645

CR2E034 (10/97)