

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 10:18

DOCUMENT # S81186 (6)

1. Corporation Name

MECHANICAL SERVICES INCORPORATED OF WEST PALM BEACH

Principal Place of Business

2353 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

2353 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0312248

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICOLINI, PATRICK F.
2353 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

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 of Registered Agent (printed name of registered agent and date of registration)

(NOTE: Registered Agent signature required when modifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOGSDON, JOHN
STREET ADDRESS 2353 N. MILITARY TRAIL
CITY, ST, ZIP WEST PALM BEACH FL 33409

TITLE D
NAME NICOLINI, PATRICK
STREET ADDRESS 2353 N. MILITARY TRAIL
CITY, ST, ZIP WEST PALM BEACH FL 33409

TITLE D
NAME NICOLINI, DONALD
STREET ADDRESS 2353 N. MILITARY TRAIL
CITY, ST, ZIP WEST PALM BEACH FL 33409

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

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, the undersigned, certify that the information furnished with this report is true and correct and that I am not qualified for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report for each officer or director 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 this corporation for the purpose of this report, and to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, and is not identical with any other name.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Signature (Printed)

1-7-95

407-683-1741