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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S81186

(6)

MECHANICAL SERVICES INCORPORATED OF WEST PALM BE

Principal Place of Business

Mailing Address

2353 NORTH MILITARY TRAIL

2353 NORTH MILITARY TRAIL

FILED May 14 1997 8:00am Secretary of State



WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409-2904				
				3. Date incorporated or Qualified 09/19/1991	3a. Date of Last Report 07/08/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FE≀ Number	Applied For	
21		26 200 MOLKIN	BIRD /K	65-0312248	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	SB.75 Additional Fee Required	
City & State		City & State 28 PACM BEAC	City & State 28 MCM BACH FL		\$5.00 May Be Added to Fees	
Zip	Country	7ψ 	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29 33480	30 PALM BEACH		Yes No	
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
NICOLINI, PATRICK F. 2353 NORTH MILITARY TRAIL WEST PALM BEACH FL 33409			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
			84 City RO	YAL BALM BENCH	4 FL 85 34711	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statub ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporatorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accer	urpose of changing its registered at the appointment as registered	
SIGNATURE	Signature, typod or printed name of registered		: Registered Agent signature requi		DATE	
12.	T	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D LOCADAL IOLIN	DELETE	1.1 TIPLE		Change Addition	
NAME	LOGSDON, JOHN		1.2 NAME			
STREET ADDRESS	2353 N. MILITARY TRAIL WEST PALM BEACH FL 334	IAA	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D DEST FALM DEACH FL 334	DELFTE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
NAME	NICOLINI, PATRICK	DLLTE	2.1 TITLE 2.2 NAME		☐ Anguige ☐ Moniton	
STREET ADDRESS	2353 N. MILITARY TRAIL		2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334	ing	2.4 CITY-ST-ZIP			
TITLE	D	DELETE	31 THLE		Change Addition	
NAME	NICOLINI, DONALD		3.2 NAME		_ , _	
STREET ADDRESS	2353 N. MILITARY TRAIL		3 3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 334	09	3.4 C(1Y-S1-Z(P		•	
TITLE		DELETE	4.1 TrillE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-7IP			4.4 CITY-S1-7IP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - 7/P			
TALE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7IP	1		6.4 C(1Y - ST - 7/P			

I do 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or firster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change do or on an attack need with an address.