

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # S86204

(2)

1. Corporation Name

ALL WEATHER MECHANICAL, INC.

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

Principal Place of Business

969 W. KENNEDY BLVD
ORLANDO FL 32810

Mailing Address

969 W. KENNEDY BLVD
ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/08/1991

3a. Date of Last Report
02/03/1994

2. Principal Place of Business

21 **410 NORTH STREET**

2a. Mailing Address

26 **410 NORTH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 114**

27 **Suite 114**

City & State

City & State

23 **Longwood FL**

28 **Longwood FL**

Zip

Zip

Country

Country

24 **32750**

25 **Scrimale**

29 **32750**

30 **Scrimale**

4. FEI Number
59-3134880

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

9. Name and Address of Current Registered Agent

**MILLER, GRACE
646 LITTLE WEKIVA ROAD
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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 Agent or printed name of registered agent and the signature

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MILLER, CRAIG**
STREET ADDRESS **646 LITTLE WEKIVA RD.**
CITY, ST, ZIP **ALTAMONTE SPGS. FL**

TITLE **D**
NAME **MILLER, GRACE**
STREET ADDRESS **646 LITTLE WEKIVA RD.**
CITY, ST, ZIP **ALTAMONTE SPGS. FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/95 (407)831-1900

Date

Signature Name