FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY -1 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # V00813 (8)

1. Corporation Name
WADE'S MECHANICAL CONTRACTOR'S, INC.

Principal Place of Business
5773 CORPORATION CIRCLE
FORT MYERS FL 33905

Mailing Address
5773 CORPORATION CIRCLE
FORT MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0311760 — ☐ 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 12901 Metro Pkwy
Suite, Apt #, etc
22
City & State
23 Ft. Myers FL
Zip 24 33912 — Country 25 LEE

2a. Mailing Address
26 12901 Metro Pkwy
Suite, Apt #, etc
27
City & State
28 Ft. Myers, FL
Zip 29 33912 — Country 30 LEE

9. Name and Address of Current Registered Agent
WADE, JACQUES
5773 CORPORATION CIRCLE
FORT MYERS FL 33905

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) ~~12901 Metro Parkway~~
83
84 City Fort Myers FL 85 Zip Code 33912

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	WADE, JACQUES	1.2 NAME	
STREET ADDRESS	5773 CORPORATION CIRCLE	1.3 STREET ADDRESS	15751 Triple Crown Ct.
CITY ST ZIP	FORT MYERS FL	1.4 CITY ST ZIP	Fort Myers, FL 33912
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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 119.07(3)(k), 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: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAY WADE - PRESIDENT

5/1/95 — Date
813-768-6300 — Daytime Phone #

0332073 CP