# 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 FEB 13 AM 11:13

DOCUMENT # V50635 (4)

1. Corporation Name
MYERS MECHANICAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 420556<br>MIAMI FL 33242-0556 | P.O. BOX 420556<br>MIAMI FL 33242-0556 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1992
3a. Date of Last Report: 05/17/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1562 NE 125th Street | 26 1562 NE 125th Street |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 North Miami, FL | City & State<br>28 North Miami, FL |
| Zip<br>24 33161 | Country<br>25 |
| Zip<br>29 33161 | Country<br>30 |

4. FEI Number: 65-0351608 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| CORPORATION INFORMATION SERVICES INC.<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
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 | PST | 11 TITLE | P/S/T/D ☐ Change ☐ Addition |
| NAME | MYERS, KEVIN | 12 NAME | MYERS, KEVIN |
| STREET ADDRESS | 1566 N.E. 125TH STREET | 13 STREET ADDRESS | 1566 NE 125TH STREET |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | 14 CITY-ST-ZIP | NORTH MIAMI FL 33161 |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MYERS, KEVIN | 22 NAME | |
| STREET ADDRESS | 1566 N.E. 125TH STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | 24 CITY-ST-ZIP | |
| TITLE | VAS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | PEREZ, AL | 32 NAME | |
| STREET ADDRESS | 1566 N.E. 125TH STREET | 33 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | 34 CITY-ST-ZIP | |
| TITLE | DAT | 41 TITLE | ☐ Change ☐ Addition |
| NAME | PEREZ, AL | 42 NAME | |
| STREET ADDRESS | 1566 N.E. 125TH STREET | 43 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI BCH FL | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

AL PEREZ NO LONGER WORKS WITH THIS COMPANY.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify certify that the information indicated on this annual report or supplemental annual report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute t appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Kevin Myers KEVIN MYERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FP