CORPORATION ANNUAL REPORT 1995

Filed, Secretary of State, Division of Corporations

FILED
95 MAY -1 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67173

1. Corporation Name
AiResearch Mechanical Contractors, Inc.

Principal Place of Business	Mailing Address
1088 Persian Lane Sebastian, Fl. 32958	1088 Persian Lane Sebastian, Fl. 32958

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 9-29-92
3a. Date of Last Report: 4-24-94

2. Principal Place of Business	2a. Mailing Address
21 1088 Persian Lane	26 1088 Persian Lane
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 Sebastian Fl	City & State 28 Sebastian Fl
Zip / Country 24 32958 / 25 Indian River	Zip / Country 29 32958 / 30 Indian River

4. FEI Number: 59-3141299 ☐ 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
Richard B. Owen 5250 S. Hwy 17-92 Casselberry, Fl. 32707	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 _____ 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	P	11 TITLE	☐ Change ☐ Addition
NAME	Robert A. Crockett	12 NAME	
STREET ADDRESS	1088 Persian Lane	13 STREET ADDRESS	
CITY-ST-ZIP	Sebastian Fl 32958	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	Robert A. Crockett	22 NAME	000001 [illegible]
STREET ADDRESS	1088 Persian Lane	23 STREET ADDRESS	-05/17/95--01035--015
CITY-ST-ZIP	Sebastian Fl 32958	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	Kathy M. Crockett	32 NAME	
STREET ADDRESS	1088 Persian Lane	33 STREET ADDRESS	
CITY-ST-ZIP	Sebastian Fl 32958	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	Kathy M. Crockett	42 NAME	
STREET ADDRESS	1088 Persian Lane	43 STREET ADDRESS	
CITY-ST-ZIP	Sebastian Fl 32958	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	

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)(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 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: Kathy M. Crockett Kathy M. Crockett 5/10/95 (407) 388-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #