

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 331832

**Entity Name:** FLORIDA MECHANICAL SYSTEMS, INC.**Current Principal Place of Business:**2734 EDISON AVENUE  
JACKSONVILLE, FL 32254**Current Mailing Address:**2734 EDISON AVENUE  
JACKSONVILLE, FL 32254 US**FEI Number:** 59-1212797**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLD, KATHLEEN H  
10151 DEERWOOD PARK BLVD, BLDG 300, STE 300  
LIPPES, MATHIAS, WEXLER, FRIEDMAN LLP  
JACKSONVILLE, FL 32256 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR
Name	GAY, ROBERT D
Address	2734 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32254

Title	PRESIDENT
Name	JONES, PAUL
Address	2734 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32254

Title	VP
Name	RICE, CHAD
Address	2734 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32254

Title	DIRECTOR
Name	CROFT, DEBORAH
Address	2734 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32254

Title	SECRETARY
Name	PAGE, CHRISTINA
Address	2734 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32254

Title	ASST. SECRETARY
Name	TARPLEY, CHRISTINA
Address	2734 EDISON AVE
City-State-Zip:	JACKSONVILLE FL 32254

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL V JONES

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date