

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F64810

**Entity Name:** AIR MECHANICAL & SERVICE CORP.**Current Principal Place of Business:**4311 W. IDA ST.  
TAMPA, FL 33614**Current Mailing Address:**4311 W. IDA ST.  
TAMPA, FL 33614**FEI Number:** 59-2158902**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYERS, LINDSAY W.  
4311 W. IDA STREET  
TAMPA, FL 33614 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 V  
Name GORNEY, LANCE  
Address 14126 PORTRUSH DRIVE  
City-State-Zip: ORLANDO FL 32828

Title V  
Name CITEK, ANDREW H  
Address 8572 109TH STREET NORTH  
City-State-Zip: SEMINOLE FL 33772

Title STD  
Name BYERS, JOHN L.  
Address 2535 TENNESSEE AVENUE  
City-State-Zip: TAMPA FL 33629

Title VP  
Name SPAW, HAROLD T  
Address 2806 W. SITKA STREET  
City-State-Zip: TAMPA FL 33614

Title V  
Name GOLDSTEIN, LYNN M  
Address 5356 SOUTHWICK DRIVE  
City-State-Zip: TAMPA FL 33624

Title PD  
Name BYERS, LINDSAY W  
Address 7950 COQUINA WAY  
City-State-Zip: ST. PETE BEACH FL 33706

Title V  
Name CONNELLY, NEIL  
Address 15620 HAMPTON VILLAGE DRIVE  
City-State-Zip: TAMPA FL 33618

Title VP  
Name CASTELLANO, MARK  
Address 802 OAK POND DRIVE  
City-State-Zip: OSPREY FL 34229

**Continues on page 2**

*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:** LINDSAY W. BYERS**PRESIDENT****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                       |
|-----------------|-----------------------|
| Title           | VP                    |
| Name            | JOHNSON, JASON G      |
| Address         | 3725 FERMANAGH CIRCLE |
| City-State-Zip: | TALLAHASSEE FL 32309  |