

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000019729

**Entity Name:** SOUTHEAST MECHANICAL SYSTEMS, INC.**Current Principal Place of Business:**710 HAINES STREET  
JACKSONVILLE, FL 32202**Current Mailing Address:**710 HAINES STREET  
JACKSONVILLE, FL 32202**FEI Number:** 05-0554916**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PORTER, SHARON  
710 HAINES STREET  
JACKSONVILLE, FL 32202 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	VP
Name	PORTER, SHARON R
Address	710 HAINES STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	S
Name	PORTER, SHARON
Address	710 HAINES STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	P
Name	PORTER, MICHAEL T
Address	710 HAINES STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP OF OPERATIONS
Name	PORTER, JASON P
Address	710 HAINES STREET
City-State-Zip:	JACKSONVILLE FL 32202

*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:** SHARON R PORTER

VP

03/30/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date