

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 516686 (3)

1. Corporation Name
BCH MECHANICAL, INC.

Principal Place of Business

**6354 118TH AVENUE NORTH
LARGO FL 33773
US**

Mailing Address

**6354 118TH AVENUE NORTH
LARGO FL 34643
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1976

4. FEI Number

59-1700073

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

33773

9. Name and Address of Current Registered Agent

**BLUME, STEPHEN G.
6354 118TH AVENUE NORTH
LARGO FL 33773**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **BLUME, DARYL W**
STREET ADDRESS **7306 SAWGRASS POINT DRIVE**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **PD** ☐ DELETE
NAME **BLUME, STEPHEN G**
STREET ADDRESS **624 AUSTIN DR**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **D** ☒ DELETE
NAME **BLUME, LINDA A.**
STREET ADDRESS **624 AUSTIN DR.**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **TS** ☐ DELETE
NAME **DEMA, ANTHONY N**
STREET ADDRESS **10489 95 ST N**
CITY-ST-ZIP **LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **170 Marina Del Rey Court**
2.4 CITY-ST-ZIP **Clearwater, FL 33767**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **7751 Aralia Way**
4.4 CITY-ST-ZIP **Largo, FL 33777**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

Anthony N Dema

4/30/98 (813) 546-3561

CR2E034 (10/97)