

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **420487** (1)

1. Corporation Name

BREVARD MECHANICAL CONTRACTORS INC

Principal Place of Business

**4225 HARBOR CITY BLVD
MELBOURNE FL 32935**

Mailing Address

**4225 HARBOR CITY BLVD
MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/06/1973

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1460481

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

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

29

30

9. Name and Address of Current Registered Agent

**EAKIN, W J
4225 HARBOR CITY BLVD
MELBOURNE FL 32901**

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

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

**EAKIN, WILLIAM J
4225 HARBOR CITY
MELBOURNE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

**EAKIN, MARILYN
4225 HARBOR CITY
MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

**EAKIN, MARILYN
4225 HARBOR CITY
MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**GATZA, THOMAS R.
4587 COQUINA RIDGE DR
MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**EAKIN, WILLIAM C.
331 N. LAKE DR.
W. MELBOURNE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change

☐ Addition

**V GATZA THOMAS R
4225 N. Harbor City BL
MELBOURNE FL 32975**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

THOMAS R GATZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. 4-14-95
407-254-8415