

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 849281

1. Entity Name
BATCHELOR'S MECHANICAL CONTRACTORS, INC.



Principal Place of Business
3110 OLD SHELL RD
POST OFFICE BOX 7504
MOBILE, AL 36670

Mailing Address
3110 OLD SHELL RD
POST OFFICE BOX 7504
MOBILE, AL 36670



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0804560

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
NOBLES, STEWART
3110 OLD SHELL RD
MOBILE, AL 36670

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
TRUE, WILLIAM R
3110 OLD SHELL RD
MOBILE, AL 36607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ST
FULLER, JOHN F
3110 OLD SHELL RD
MOBILE, AL 36607

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
RHODES, DON
3110 OLD SHELL RD
MOBILE, AL 36670

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
STOKELY, DON
3110 OLD SHELL RD
MOBILE, AL 36670

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000082545

03/09/04-80036-005 158.75

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(n), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Don Rhodes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-04

Date

251-470-6800

Daytime Phone #