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Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F05990** **(9)**

1. Corporation Name
BAYOU MECHANICAL, INC.

Principal Place of Business	Mailing Address
JOHN KING ROAD P.O. BOX 36 CRESTVIEW FL 32536	JOHN KING ROAD P.O. BOX 36 CRESTVIEW FL 32536-0036

3. Date Incorporated or Qualified: 11/19/1980
3a. Date of Last Report: 06/12/1996

2. Principal Place of Business
21: 120 John King Rd
22: Suite, Apt. #, etc.
23: City & State: Crestview, FL
24: Zip: 32536
25: Country: Okaloosa

2a. Mailing Address
26: PO Box 36
27: Suite, Apt. #, etc.
28: City & State: Crestview FL
29: Zip: 32536
30: Country: USA

4. FEI Number: 59-2042655 ☐ 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

9. Name and Address of Current Registered Agent

CHESSER, D. MICHAEL
838 N EGLIN PKWY
SUITE 601
FT WALTON BEACH FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, HENRY C.		1.2 NAME		
STREET ADDRESS	601 1ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, CAREY R		2.2 NAME		
STREET ADDRESS	2435 DUNCAN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, CHANDLER J.		3.2 NAME		
STREET ADDRESS	2435 DUNCAN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUFF, LOTTIE		4.2 NAME		
STREET ADDRESS	502 ZEBULON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARNESVILLE GA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that no 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: G R Huff Jan 7, 1997 904 682-2784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487282