

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F05990**

1. Entity Name

**BAYOU MECHANICAL, INC.**

Principal Place of Business

**120 JOHN KING ROAD  
CRESTVIEW FL 32536  
US**

Mailing Address

**P.O. BOX 36  
CRESTVIEW FL 32536  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2042655**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

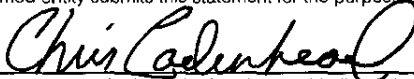
**Chris Cadenhead**

Street Address (P.O. Box Number is Not Acceptable)

**420 E. Pine Avenue**City **Crestview****FL**Zip Code  
**32536**

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.

SIGNATURE

**Chris Cadenhead** 3/7/01

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

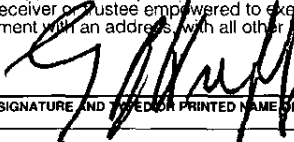
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	
NAME	HUFF, HENRY C.	NAME	
STREET ADDRESS	4104 INDIAN TRAIL	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	HUFF, CAREY R	NAME	
STREET ADDRESS	4203 LANCASTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	HUFF, CHANDLER J.	NAME	
STREET ADDRESS	4203 LANCASTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	HUFF, LOTTIE	NAME	
STREET ADDRESS	502 ZEBULON ST	STREET ADDRESS	
CITY-ST-ZIP	BARNESVILLE GA	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Carey R. Huff, President** 3/5/01 850-682-2784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90491 003 \*\*\*150.00

**928948**

DO NOT WRITE IN THIS SPACE

0467349

CR2E034 (10/00)