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**Secretary of State**

03-01-1999 90149 042 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000004691**

1. Corporation Name  
**B&M HEATING & COOLING, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1951 67TH AVE. EAST SARASOTA FL 34243**

Mailing Address  
**1951 67TH AVE. EAST SARASOTA FL 34243**

3. Date Incorporated or Qualified

**08/17/1998**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

**62-1749454**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAI SERVICES, INC.  
 526 EAST PARK AVE.  
 TALLAHASSEE FL 32301**

81 Name **CT CORPORATION SYSTEM**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
 83  
 84 City **PLANTATION FL** 85 Zip Code **33324**

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 *Mary R. Adams*

Assistant Sec. CT Corporation

January 25, 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PVD**  DELETE  
 NAME **SIELBECK, ALAN R**  
 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 CITY-ST-ZIP **BRENTWOOD TN 37027**

1.1 TITLE **VD**  Change  Addition  
 1.2 NAME **SIELBECK, ALAN R.**  
 1.3 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 1.4 CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE **DS**  DELETE  
 NAME **SCHOFIELD, ANTHONY M**  
 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 CITY-ST-ZIP **BRNETWOOD TN 37027**

2.1 TITLE **DS**  Change  Addition  
 2.2 NAME **SCHOFIELD, ANTHONY M.**  
 2.3 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 2.4 CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE **AS**  DELETE  
 NAME **TRIPLETT, ED**  
 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 CITY-ST-ZIP **BRNETWOOD TN 37027**

3.1 TITLE **AS**  Change  Addition  
 3.2 NAME **TRIPLETT, C.E.**  
 3.3 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 3.4 CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE **V**  DELETE  
 NAME **LADERMAN, LOUIS**  
 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 CITY-ST-ZIP **BRNETWOOD TN 37027**

4.1 TITLE **V**  Change  Addition  
 4.2 NAME **LADERMAN, LOUIS**  
 4.3 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 4.4 CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE **V**  DELETE  
 NAME **TAYLOR, ALFRED W III**  
 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 CITY-ST-ZIP **BRNETWOOD TN 37027**

5.1 TITLE **V**  Change  Addition  
 5.2 NAME **TAYLOR, ALFRED W. III**  
 5.3 STREET ADDRESS **SIX CADILLAC DRIVE, SUITE 400**  
 5.4 CITY-ST-ZIP **BRENTWOOD, TN 37027**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE **P.**  Change  Addition  
 6.2 NAME **O'BANNON, JAMES M.**  
 6.3 STREET ADDRESS **1951 67TH AVENUE E.**  
 6.4 CITY-ST-ZIP **SARASOTA, FL 34243**

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, with all other like empowered.

SIGNATURE: *James W. O'Bannon* **James W. O'Bannon** 1/28/99 (941) 753-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)