PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800004824

BLUEGRASS MECHANICAL, INC.

CLEWISTON FL 33440

FILED
Jan 30, 1999 8:00am
Secretary of State

01-30-1999 90006 028 ***150.00

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Principal Place of Business	Mailing Address				***************************************	101	
P.O. BOX 43635 LOUISVILLE KY 40253 LOUISVILLE KY 40253				DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 08/24/1998			
2. Principal Place of Business.	2a. Mailing Address			4. FEI Number	Applied For		
	26 ~		•	61-1027692	Not Applicat	ble	
Suite Apt. #, etc.	Suite, Apt. #, etc.	ŧ		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		7	6: Élection Campaign Financing	\$5.00 May Be		
13	28			Trust Fund Contribution	Added to Fees		
Zip Country	Zip 29	Countr 30	у	This corporation owes the current year Personal Property Tax.	Intangible Yes ZMo		
9. Name and Address of Curr	rent Registered Agent		•	10. Name and Address of New Registere	d Agent		
HELM. DENNIS	The state of the s	8	1 Name				
500 N. FRANCISCO #235		8:	2 Street Addres	ss (P.O. Box Number is Not Acceptable)			

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature reg	quired when reinstating) / 1/4/47	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
IIILE	DP DELETE	1.1 TITLE	61 1827622	☐ Change	Addition
I. NAME	HELM, DENNIS	1.2 NAME	Selection of the Control of the Cont		
STREET ADDRESS	11	1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEWISTON FL 33440	1.4 CITY+ST+ZIP			•
TITLE	ST DELETE	2.1 TITLE		Change	Addition
NAME	HELM, TERECIA	2.2 NAME	:		
STREET ADDRESS	500 N FD4NOIOOO #00F	2.3 STREET ADDRESS	•		
CITY-ST-ZIP	CLEWISTON FL 33440	2. 4 CITY-ST-ZIP	•	-	
TITLE	DELETE	3.1 TITLE		Change	☐ Addition
NAME	The state of the s	3.2 NAME			1
STREET ADDRESS		3.3 STREET ADDRESS	and the state of t	。 (2)はていけただけ、が清算いた。2	mili sini (Ae)
こと。 CITY-ST-ZIP	ESSELVER OF CARACE	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	1877 (1971) (1981)	Change h	Addition
L NAME TO BOY 100		4.2 NAME	•	• ;	
STREET ADDRESS	Contract to the second second	4.3 STREET ADDRESS			•
CITY-ST-ZIP		4.4 CITY-ST-ZIP	•		
ITLE 3	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME		5.2 NAME	00187 1086	•	
STREET ADDRESS		5.3 STREET ADDRESS		•	
CITY-ST-ZIP	02	5.4 CITY-ST-ZIP			
MLE	TRUNCHARIA AND DELETE	6.1 TITLE		☐ Change	Addition
NAME	100 A. TRANCISCO, 10:39	6.2 NAME			
STREET ADDRESS	GLEWISTOM RECORDS	6.3 STREET ADDRESS	•		
CITY-ST-ZIP	\$7	6.4 CITY-ST-ZIP		•	

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 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE