FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000006750 (2)**

1. Corporation Name
C & B MECHANICAL CONTRACTORS, INC.

Principal Place of Business
RT 1 BOX 267
BLOUNTSTOWN FL 32424
US

Mailing Address
RT 1 BOX 267
BLOUNTSTOWN FL 32424
US

3. Date Incorporated or Qualified: **01/22/1993**
3a. Date of Last Report: **06/19/1995**

2. Principal Place of Business
21 RT. 1, Box 267
Suite, Apt. #, etc.
22
City & State
23 Blountstown, Fl 32424
Zip 24 Country 25

2a. Mailing Address
26 Rt. 1, Box 267 Hwy. 715
Suite, Apt. #, etc.
27
City & State
28 Blountstown, Fl
Zip 29 32424 Country 30 Calhoun

4. FEI Number: **59-3160752** 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
BAILEY, ROYCE G
RT. 1, BOX 267
BLOUNTSTOWN FL 32424

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 Royce G. Bailey, President 1-23-96
Signature of Corporate Officer or Registered Agent — Printed Name of Corporate Officer or Registered Agent — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	O ☐ DELETE	1.1 TITLE	O/P ☑ Change ☐ Addition
NAME	BAILEY, ROYCE G.	1.2 NAME	BAILEY,ROYCE G.
STREET ADDRESS	ROUTE 1, BOX 4	1.3 STREET ADDRESS	ROUTE 1 BOX 267
CITY-ST-ZIP	BLOUNTSTOWN FL	1.4 CITY-ST-ZIP	BLOUNTSTOWN,FLORIDA 32424
TITLE	☐ DELETE	2.1 TITLE	S ☐ Change ☒ Addition
NAME		2.2 NAME	BAILEY,TERESA F.
STREET ADDRESS		2.3 STREET ADDRESS	ROUTE 1 BOX 267
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BLOUNTSTOWN,FLORIDA 32424
TITLE	☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME		3.2 NAME	WEIDNER,ROBERT J.
STREET ADDRESS		3.3 STREET ADDRESS	P.O. BOX 116
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FOUNTAIN,FLORIDA 32466
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Royce G. Bailey 3/15/96 694 8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)