## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT. CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

<del> </del>	1000	Tarent.			<del>-</del> -	
DOCUMENT # P9600033920 (5)  BSM FABRICATION & INSTALLATION, INC.						
POW F	ADDITION OF INSTRUCT				 	ING THE TRUE TO BE FROM THE
Principal Plac	e of Business	Mailing Address	<del></del>	·		
<b>)</b>		P.O BOX 15537		İ		
9424 BELL HAVEN ST TAMPA FL 33617		TAMPA FL 33684				
US		US			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 04/15/1996	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-3369237	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			- <del></del>	Fee Required
City & Stat	υ	City & State			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 <sub>(p)</sub>	Cour	ntry	8. This corporation owes or has paid the or	
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent
STARGEL, JOHN K				81 Name		
2856 FORESTBROOK DR. EAST LAKELAND FL 33811			1	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
			+	83		
			Į,	63		
				84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statute	s, the ab	ove-named corp		
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was a patient of Section 607,0505. Flo	uthorized	by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	The rest of the state of the st	garons or, coolair our ous out, ric	rida Cibic			
DIGITATIONE.	Signature, typed or printed name of regenered a	<del></del>	Registered	Agont signature requir		
12.		NO DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD STAROEL STEVEN W	☐ DELETE	1.1 TIT	1		Change
NAME STREET ADDRESS	STARGEL, STEVEN W SS 9424 BELLHAVEN ST		•	HEET AODRESS		8
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP		
TITLE	VSTD	DELETE	2.1 TITLE			Change Addition
NAME	STARGEL, LINDA J		2.2 NA	ME		
STREET ADDRESS	9424 BELLHAVEN ST		2.3 STA	EET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CI	TY-ST-ZIP		
TITLE	۷D	DEL <b>E</b> TE			· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	MESSER, JAMES L		3.2 NA			
STREET ADDRESS	9424 BELLHAVEN ST		•	REET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	3.4. CH 4.1 T/T	Y-ST-ZIP		Change Addition
NAME			4. 2 NA	,		smarge resulted
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			1	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 1111			Change Addition
NAME			5.2 NA	NE		
STREET ADDRESS			5.3 STH	EET ADDRESS		
CITY-ST-ZIP		I priese		Y-ST-ZIP		
TITLE		DFLETE	6.1 7(1)	Ī		Change Addition
NAME OTOETT ADDOCCO			6.2 NAM	ľ		ļ
STREET ADDRESS CITY-ST-7IP				EET ADDRESS Y-51-7IP		
TATE OF THE PARTY			■ 041/11,	1-01-78 1		

14. Thereby 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 ill changes, or on an attachment with his address.

**FILED** 

May 20 1998 8:00am

Secretary of State