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

DOCUMENT # P97000045603 (2)

BLUELINE MECHANICAL, INC.

FILED May 05 1998 8:00am Secretary of State



	_												
Principal Place of Business Mailing Address								1,000	491 116 16111 19911 66111 66111 4		Matte Motte Ami	44 tin 1641	
13968 MARTINIQUE DR. 13968 MARTINIQUE DR.													
SEMINOLE FL 33776			SEM	SEMINOLE FL 33776					DO NOT WRITE IN THIS SPACE				
								3, Date In	corporated or Qualified	-			
								05/22	2/1997				
2. Principal F	Place of Busi	noss	2a. M	2a, Mailing Address				4, FEI Nur			Ap	plied For	
21				26				59	1-3447851		No	t Applicable	
Suite, Apt. #, etc.				Suite, Apt #, etc.				E Certific	ate of Status Desired		\$8.75	1	
22				27				5. Certific	ate of Status Desired		Fee Re	quired	
City & State			C	City & State				6. Election	Campaign Financing		\$5.00		
23			28						und Contribution		Added t		
Zip		Country	1	Zip Country				rporation owes or has p		ent year Int	angible		
24	- Name	25 29 9. Name and Address of Current Registered Age			30				al Property Tax due Uur and Address of New R			3 No	
			ent negister	eu Agent		81	Name	10, маша	BIIQ Address of New I	iogisterou A	Bour		
	NARO, STI					Ш							
13968 MARTINIQUE DR. SEMINOLE FL 33776							Street	eet Address (P.O. Box Number is Not Acceptable)					
SEMINOLE PL 33/70				1									
						84	City				85 Zip (Code	
							•			<u>FL</u>			
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													
Signature typeo or printed hame of registered agent and title it approable (NOTF: Regis							nt signature	quired when reinstating		DATE AND	DIDECTOR	00 101 10	
12. TITLE	1	OFFICERS /	UND DIRECT	DELETE			13.		NS/CHANGES TO OFF (P)(の)		Change	Addition	
NAME				C) been		1.2 NAME ST		President Stephen L					
STREET ADDRESS							ADDRESS	The second secon					
CITY-ST-ZIP									FL 33776				
TITLE	 						1.4 CITY-ST-ZIP (301.10		Change	Addition	
NAME				2.2			2.2 NAME C'NA		Miller			ŀ	
STREET ADDRESS									ey Road				
CITY-ST-ZIP				2 4			T-ZIP	Riverview			}		
TITLE				☐ DELETE		3 1 TITLE		(0)(T)(c)	,—		Change	☐ Addition	
NAME				3.2 A			I.2 NAME AO		Coates - Panarc	>		ļ	
STREET ADDRESS						3.3 STREET ADDRESS		3968 Mam	nique or				
CITY-ST-ZIP									FL 33776				
TITLE							4.1 TITLE				Change	☐ Addition	
NAME					4.21	AME							
STREET ADDRESS					4.3 \$	TREET	ADDRESS					ļ	
CITY-ST-ZIP							T · ZIP				101	14400	
TITLE				DELETE 5.1							Change	☐ Addition	
NAME				5.2 N									
STREET ADDRESS							address					1	
CITY-ST-ZIP							I - ZIP				Chanas	Addition	
TITLE				DELETE 6.1							Change	L Addition	
NAME					62 N								
STREET ADDRESS							ADDRESS						
City-St-ZiP	certify that the	no information europion	with this filin	no does not qualify		ITY-SI empi		in Section 119.0	7(3)(i), Florida Statutes.	I further der	tify that the	information	

Indicated on this annual report or supplied with rins limit does not quanty to the exemption stated in Section 119.07(3)). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental arrival 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.

al/onlas Contrat - Common Dungs C Contra Co