

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90159 019 \*\*\*158.75

DOCUMENT # P97000104734

1. Corporation Name  
JOCHIM MECHANICAL INC.



Principal Place of Business  
605 S.E. 56TH AVENUE  
OCALA FL 34471

Mailing Address  
605 S.E. 56TH AVENUE  
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/11/1997

4. FEI Number  
59-3481886

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 345 S. Rochelle Ave  
Suite, Apt. #, etc.

2a. Mailing Address

26 345 S. Rochelle Ave  
Suite, Apt. #, etc.

22 City & State  
23 Lake Alfred FL

27 City & State  
28 Lake Alfred FL

24 Zip 33850 25 Country Polk

29 Zip 33850 30 Country Polk

9. Name and Address of Current Registered Agent

JOCHIM, TODD  
605 S.E. 56TH AVENUE  
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name Todd Jochim  
82 Street Address (P.O. Box Number is Not Acceptable) 345 S. Rochelle Ave  
83  
84 City Lake Alfred FL 85 Zip Code 33850

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

NOTE: Registered agent signature required when resigning)

DATE  
1-18-99

12. OFFICERS AND DIRECTORS

| TITLE | NAME            | STREET ADDRESS     | CITY-ST-ZIP          | DELETE                   |
|-------|-----------------|--------------------|----------------------|--------------------------|
| P     | JOCHIM, TODD    | 605 SE 56TH AVE    | OCALA FL 34471       | <input type="checkbox"/> |
| VP    | JUNGERS, LESLEY | 647 OVERLAND TRAIL | SEELEY LAKE MT 59868 | <input type="checkbox"/> |
|       |                 |                    |                      | <input type="checkbox"/> |
|       |                 |                    |                      | <input type="checkbox"/> |
|       |                 |                    |                      | <input type="checkbox"/> |
|       |                 |                    |                      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 35289598

CR2E034 (11/98)