

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S90116

(2)

1. Corporation Name

BAY WEST MECHANICAL, INC.



Principal Place of Business

8998 118 WAY N
SEMINOLE FL 34642

Mailing Address

8998 118 WAY N
SEMINOLE FL 34642

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHEEHY, STEVE
8998 118 WAY N
SEMINOLE FL 34642

3. Date Incorporated or Qualified
10/28/1991

3a. Date of Last Report
05/11/1995

4. FEI Number

59-3091334

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

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, Sections 607.0509, Florida Statutes.

SIGNATURE

(Sign over this line in ink and make the printed name of the person signing.)

(If the Registered Agent signs in response to registration.)

DATE

12. OFFICERS AND DIRECTORS

12.1

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.2

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.3

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.4

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

12.8

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

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☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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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 (changed), or on an attached sheet with an address.

SIGNATURE:

Steven Sheehy

STEVEN SHEEHY

1/29/96

813 399-8178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)