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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V11948** (9)

1. Corporation Name  
**H & B MECHANICAL, INC.**

Principal Place of Business Mailing Address

**HYATT, KENNETH M**  
PO BOX 172134  
HIALEAH FL 33018-2134  
US

**PO BOX 172134**  
**HIALEAH FL 33017-2134**  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/05/1992** 3e. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21 **981 N.E. 152 ST.** 26 **SAME 981 N.E. 152 ST**

4. FEI Number **65-0310311** Applied For  Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State

23 **MIAMI, FLA.** 28 **MIAMI, FLA.**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country

24 **33162** 25 Country 29 **33162** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HYATT, KENNETH M.**  
**981 NE 152 ST**  
**MIAMI FL 33162**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYATT, KENNETH M. 981 NE 152 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRINKLOW, RICHARD D. PO BOX 172134 N/A HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HYATT, SANDRA R. PO BOX 172134 N/A HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KENNISON, TANDI L. PO BOX 172134 N/A HIALEAH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR BRINKLOW RICHARD D. 11348 S.W. 67 TERR. MIA. FL. 33173
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR HYATT, SANDRA R 981 N.E. 152 ST MIA. FL. 33162
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR KENNISON, TANDI L. 11342 S.W. 67 TERR. MIA FL. 33173
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: Kenneth M. Hyatt **KENNETH M. HYATT** 4-18-95 (305) 947-5760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #