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

DOCUMENT # 272909

Corporation Name CAMERON BROS. PLUMBING CO., INC.

		DO NOT WRITE IN THIS S		
rincipal Place of Business	Mailing Address			
) HALL ROAD LABAR FL 32950 ;	650 HALL ROAD MALABAR FL 32950 US			
		3. Date incorporated or Qualifed 09/20/1963		
Principal Place of Business	2a. Mailing Address 26	4. FEI Number 59-1028549		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
City & State Zip Country	City & State	Election Campaign Financing Trust Fund Contribution		
25	Zip Country 29 30	This corporation owes the current year Intangent Personal Property Tax.		
9. Name and Address of	Current Registered Agent	10. Name and Address of New Registered Ag		
CAMERON RICHARD E	81 Name			

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90147 048 ***158.75

, corpore	anon Name					
CAME	FRON BROS. PLUMBING CO	., INC.				
					T FORMA (CAT) HAREA HATA SANA BANA BAN ATAH ATAH ATAH ATAH ATAH ATAH ATAH AT	
rincipal P	lace of Business	Mailing Address				
) HALL R		650 HALL ROAD			Anne der anter er er anter er er anter er e	
LABAR F	L 32950	MALABAR FL 32950				
•		US			DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualifed	7
Principa	Place of Business	2a. Mailing Address			09/20/1963	1
		26. Walling Address			4. FEI Number Applied For	7
Suite, A	pt. #, etc.	Suite, Apt. #, etc.	·		59-1028549 Not Applicable	J
		27			5. Certificate of Status Desired \$8.75 Additional	
City & S	tate	City & State			- Fee Required	4
Zin		28	_		6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees	-
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Intangible	\dashv
	25	29	30		Personal Property Tax.	1
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	┨
CA	MERON,RICHARD E.			81 Name	·	1
	0 HALL RD.		ļ	82 Street A	Address (P.O. Box Number is Not Acceptable)	┨
MA	LABAR FL 32950		}	83		l
			ĺ	03		7
				84 City	85 Zip Code	┨
Pursuan	nt to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the ab	ove-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	ļ
agent. I	am familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 607 0505. Florid	horized	by the corpor	oration's board of directors. I hereby accept the appointment as registered	١.
NATURE			ad Otalia	l c s.		
	Signature, typed or printed name of registered age		egistered A	igent signature req	required when reinstating) DATE	
	PD OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	3
	CAMERON, RICHARD E.	☐ DELETE	1.1 TITL		☐ Change ☐ Addition	,
TADDRESS	AEA 11414		1.2 NAM	i		,
ST-ZIP	MALABAR FL			EETADDRESS		Š
	V	☐ DELETE		-ST-ZIP		5
	CAMERON, RICHARD E JR.	E Deceie	2.1 TITLE		☐ Change ☐ Addition	Č
T ADDRESS	050 11411		2.2 NAM	i i		
ST-ZIP	MALABAR FL			ETADDRESS		
	ST	☐ DELETE	2. 4 CITY 3.1 TITLE			
	CAMERON, RICHARD E.		3.2 NAME		☐ Change ☐ Addition	
TADDRESS	650 HALL ROAD			ET ADDRESS		
T-ZIP	MALABAR FL		3.4. CITY-			
		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	_
			4. 2 NAME	.	☐ cualife ☐ ∀addiou	
TADORESS			4.3 STRE	ET ADDRESS		
T-ZIP			4.4 CITY-	ST-ZIP		
		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
ADDDESS			5.2 NAME			
ADDRESS			5.3 STREE	TADDRESS		

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinsta OFFICERS AND DIRECTORS 13. ADE PD ☐ DELETE 1.1 TITLE CAMERON, RICHARD E. 1.2 NAME 650 HALL ROAD TADDRESS 1.3 STREET ADDRESS MALABAR FL ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE CAMERON, RICHARD E JR. 2.2 NAME 650 HALL ROAD **ET ADDRESS** 2.3 STREET ADDRESS MALABAR FL 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE CAMERON, RICHARD E. 3.2 NAME 650 HALL ROAD TADDRESS 3.3 STREET ADDRESS MALABAR FL 3.4. CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME TADDRESS 4.3 STREET ADDRESS T-ZIP 4.4 CiTY-ST-ZiP DELETE 5.1 TITLE 5.2 NAME ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME

6.4 CITY-ST-ZIP 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

NATURE:

ADDRESS

Feb. 3, 1999 407-723-2946