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 Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90155 026 ***158.75

DOCUMEN I	#	431	563
. Corporation Name		70 I	

MCGILL PLUMBING INC

PII	ncŋ	par	Place	OI	Bus
111	N.	MIS	SOUR	A	VE.
LAR	GO	FL	33770	-37	68

Mailing Address

111 N. MISSOURI AVE. LARGO FL 34640-3763



J\$	DAILO 1 L 34040 3103		DO NOT WRITE IN THIS SPACE						
						3. Date Incorpo	rated or Qualifed		
						07/24/197	3	•	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo			oplied For		
1		26				59-147870)2	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			<u> </u>	\$8.75	Additional	
2		27	27		5. Certificate of Status Desired Fee Required			equired	
City & Stat	te	City & Stat	City & State		6. Election Campaign Financing \$5.00 May Be				
3		28]		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Country		'	8. This corporation owes the current year Intangible			
4	25	29	30			Personal Pro	-	ŬYes	□No
9. Name and Address of Current Registered Agent						10. Name and A	ddress of New Registe	red Agent	
				81	Name				
	DD, ALBERT A.			82	Street Add	droce /D O Boy Numb	per is Not Acceptable)		
	111 N. MISSOURI AVE. Street A		Sileel Add	uress (F.O. BOX NUME	bei is Not Acceptable)				
LAR	GO FL 33770			83					
				84	City		1	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508. Flo	rida Statutes th	ne ahovi	a-parmed cor	moration submit this			registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	e of Florida. Such cha	nge was author	ized by	the compose	tion's beard of three s	s. I hereby accept the ap	ppointment as re	gistered
agent. La	annian with, and accept the oblig	ations of, bection 607	.0505, Florida 8	Statutes		4///	X / >	>/c//c	<i>a</i>
SIGNATURE	Albert H. Wel		gent	ريا	Mu	XVIL	100 2 -	17/7	7
12.	Signature, typed or printed name of registered ag	ND DIRECTORS		13.	t signature requir	red when reinstating)	HANGED TO OFFICE	AND DIDECTO	<u> </u>
TTLE	P			I.1 TITLE		ADDITIONS/C	HANGES TO OFFICERS	Change	Addition
IAME	WOOD, ALBERT A.							☐ Change	
TREET ADDRESS	4830 BLUE JAY CIRCLE			.2 NAME					1
	PALM HARBOR FL		1		ADDRESS				1
ITY-ST-ZIP	VP			.4 CITY-S	r-ZIP			Chases	- Addition
	**	ا		1.1 TITLE		• *		☐ Change	Addition
IAME	LESLIE GLENNEDDA			.2 NAME					
TREET ADDRESS			.3 STREE1	ADDRESS				ļ	
ITY-ST-ZIP.				4 CITY-S	T-ZIP				
TILE	D	Ш	DELETE 3	L1 TITLE				Change	☐ Addition
AME	MCGILL, JOHN		3	2 NAME	İ		•		
TREET ADDRESS	113 LIVE OAK LANE		3	3 STREET	ADDRESS				i
ITY-ST-ZIP	LARGO FL			.4. CITY-S	T- ZIP				
mle	D		DELETE 4	.1 TITLE				☐ Change	☐ Addition
AME	wood, albert		4	. 2 NAME					
TREET ADDRESS	4830 BLUE JAY CIR.		4	3 STREET	ADDRESS				ļ
TY-ST-ZIP	PALM HARBOR FL		4	4 CITY-ST	-ZIP				
TLE			ELETE 5	.1 TITLE			the second second	☐ Change	☐ Addition
AME			5	2 NAME					
TREET ADDRESS			5	3 STREET	ADORESS				
ITY-ST-ZIP			5	.4 C/TY-\$7	-ZIP				
TLE			ELETE 6	1 TITLE				☐ Change	Addition
AME		_	6	2 NAME			•		
TREET ADDRESS			1 6	3 STREFT	ADDRESS				
ITV. ST. 7ID				A CITY-ST	- 1				

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 comparation 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 phant by or on an attackment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OF

1/18/99 (727) 585-2052

22E034 (11/98)