Mar 05, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

1	1999 DIVISION OF CO				RPORATIONS			03-05-1999 90024 022 ***150.00						
DOCUN	MENT # 645	666												
i. Corporation	Name													
RUSTY P	lumbing of Delf	RAY, INC.												
							}	 						RELEGIZAÇÃO
			1.W Add					- [iri riila aiil	E IIIII EIII	1		
Principal Place of Business Mailing Address														
1191 S OLD DIXIE DELRAY BEACH FL 33483 1191 S OLD DIXIE DELRAY BEACH FL 33483														
DELINAT BEROTI	1 2 00400		Letin benon te solos									THIS SPA	CE	
							3		corporated	l or Qualif	ed			
			AA-17 A-1	_				11/18 4. FEI Nu	0/1979				l Ann	lied For
2. Principal Place of Business			2a. Mailing Address						65205					Applicable
21 Suite, Apt. #	t etc	26	Suite, Apt. #, etc.									\$		dditional
22			27				5	5. Certifo	ate of Statu	is Desired		•	Fee Red	
City & State			City & State					6. Election	n Campaig	n Financii	ng 🖂	9	5.00	vtay Be
23			28				Trust Fur			bution			Added to	Fees
Zip Country			Zip Country				8. This corporation owes the curre							
24 25 29			30					and Addre		w Pogist	ored Ager		□No	
	9. Name and Address	of Current Regi	sterea Agent	-	81	Name		U. Name	and Addit	753 UT NO	# ivegist	erea Ager		
WAR	REN, RUSSELL A													
15199 HARRISON ROAD			-	82 Street Add			(P.Q. Box	Number is	Not Acce	eptable)				
DELRAY BEACH FL FL 33484				-	83					•				
				1	0.4	City						85	Zip C	ode
					84	City							1	
11. Pursuant t	o the provisions of Section gistered agent, or both, in n familiar with, and accept	s 607.0502 and	607.1508, Florida Statute	es, the ab	ove	-named	corporati	ion submi	ts this state	ment for	the purpo	se of char	ging its o	registered iistered
agent. I ar	egistered agent, or both, in n familiar with, and accept	the obligations o	f, Section 607.0505, Flor	rida Statu	ites.	ine corpi	Oradon's	DODIG OF	311000010.1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oop: wo			,,,,,,,
SIGNATURE RUSSELL A. WARREN				01	Registered Agent signature requi							_/-2	<u>9-9</u>	<u> </u>
				Registered /	Agent	t signature r	required whe		ONS/CHAN	IGES TO	OFFICER	S AND D	RECTO	RS IN 12
12.	OFFICERS AND DIRECTORS PTD D		DELETE	1.1 TIT	LE			ADDITI	0113/011/1	1020 10	OF T TOL		Change	Addition
NAME	WARREN, RUSSELL A			1.2 NAME										i
STREET ADDRESS				1.3 STF	REET	ADDRESS	;							,
CITY-ST-ZIP	DELRAY BEACH FL			1.4 CFT	1.4 CfTY-ST-ZIP									_
TITLE	VS		☐ DELETE	2.1 TIT	LE								Change	☐ Addition
NAME	WARREN, PAMELA J	ARREN, PAMELA J		2.2 NA	2.2 NAME									[
STREET ADDRESS	15199 HARRISON ROAD		2.3 STF	2.3 STREET ADDRESS		;						•		
CITY-ST-ZIP	DELRAY BEACH FL			_	2. 4 CfTY-ST-ZfP				•			NC/	Change	☐ Addition
TITLE	\$		☐ DELETE	3.1 TIT								•	Change	
NAME	WARREN, TIMOTHY A			3.2 NAI		ADDRESS	503	20	SPRE	y D	か、 *	17-8	3	
STREET ADDRESS	9073 CHRYSANTHEM			3.4. CF		/	100	RAY	SPRE BUR	I. FL	3 3	3444	,	i
CITY-ST-ZIP TITLE	BOYNTON BEACH FL		☐ DELETE	4.1 TIT		1-21	1	/					Change	Addition
NAME				4 2 NA										
STREET ADDRESS				4.3 STI	REET	ADDRESS	3							

CITY-ST-ZIP 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 of 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 corperation 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 charged, or on an attagraphment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6 2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

(561)276-1011

☐ Change

☐ Change

Addition

☐ Addition