## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(5)

FLORIDA ASSOCIATION OF PLUMBING-HEATING-COOLING

CONTR	ACTORS, INC.					
Principal Place of Business Mailing Address					T (DO)(I) (DO)( DI)(DI) (DI)(I) (DO)( DI(DI)	01311 01011 6:011 8:011 01011 01011 1301
1515 S ORLANDO AVE		P.O. BOX 947599		3. Date Incorporated or Qualified		
STE. J		MAITLAND FL 32794		07/31/1978		
MAITLAND FL 32751 US		US		4. FEI Number	Applied For	
US					59-0630908	Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired	S8.75 Additional	
21		26			Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution  7. Is this nonprofit corporation a hore		
23		28		Yes No		
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 3	0. Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	stered Agent
			61	Name Ke	N JACKSON	
FLOWERS, DIANE M			82	Street Add	ress (P.O. Box Number is Not Acceptable	))
1515 \$ (		63		O DELL KP		
#J			6	'		
MAITLAN	ID FL 32751		84	City S	IRA SOTA	FL 85 Zip Code 34240
11 Purcuent	to the provisions of Sections 617.050	12 and 617 1508. Florida Statute	s the abov	ve-named corr	poration submits this statement for the pu	
office or r	egistered agent, or both, in the State	of Florida. Such change was at	uthorized b	y the corpora	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
				ent_		ŀ
SIGNATURE _	Signature, typed or printed name of registered ag	ent and little if applicable (NOTE:		gent aignature requi	ired when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
TITLE	D	☐ DELETE	1.1 TITLE			Citable Mapilion
NAME	WOLF, ROBB L		1.2 NAME			
STREET ADDRESS	4401-D ASHTON RD			ET ADORESS		
CITY-ST-ZIP TITLE	SARASOTA FL 34233	DELETE	1.4 CITY - 2.1 TITLE			Change Addition
NAME	KONTNY, BUTCH		2.2 NAME			
STREET ADDRESS	4310 SANDYWAY LN		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33803		2. 4 CITY	- ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	Jackson, Ken		3.2 NAM	i l		
STREET ADDRESS	750 BELL RD		3.3 STRE	ET ADDRESS		
CITY+ST-ZIP	SARASOTA FL 34240	T or err	3.4. CITY			Change Addition
TITLE	D ANDONE RESERVE	☐ DELETE	4.1 TITLE			Criange Addition
NAME	MURPHY, KEVIN		4. 2 NAM	ET ADDRESS		
STREET ADDRESS	215 FARMER BROWN RD		4.4 CITY			
CITY-ST-ZIP TITLE	LAKELAND FL 33840	DELETE	5.1 TITLE			Change Addition
NAME	CAMPBELL, LARRY	_	5.2 NAM			
STREET ADDRESS	3216 15TH ST E			ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		5.4 CITY	- ST - ZIP		
TITLE	D	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	JACKSON, KEN		6.2 NAM	E		
STREET ADDRESS	750 BELL ROAD		6.3 STRE	ET ADDRESS		

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or own attachment with an address.

WARRIEN J. KONTHY

**FILED** 

Apr 20 1998 8:00am

Secretary of State