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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743758**

1. Corporation Name

FLORIDA ASSOCIATION OF PLUMBING-HEATING-COOLING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
1515 S ORLANDO AVE STE. J MAITLAND FL 32751 US	P.O. BOX 947599 MAITLAND FL 32794 US

2. Principal Place of Business 21 729 Executive Dr.	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/31/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0630908 ☐ Applied For ☐ Not Applicable
City & State 23 Winter Park 71	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 32789 Country 25	Zip 29 Country 30	6. Election Campaign Financing ☐ *Trust Fund Contribution* **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACKSON, KEN 750 BELL RD SARASOTA FL 34240	81 Name Charlie Stone 82 Street Address (P.O. Box Number is Not Acceptable) 671 Business PARK Blud #101 83 84 City Winter Garden FL 85 Zip Code 34787

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [signature] DATE 2/10/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	P	☐ Change ☑ Addition
NAME	WOLF, ROBB L		1.2 NAME	Charlie Stone	
STREET ADDRESS	4401-D ASHTON RD		1.3 STREET ADDRESS	671 Business PARK Blud #101	
CITY-ST-ZIP	SARASOTA FL 34233		1.4 CITY-ST-ZIP	Winter Garden FL 34787	
TITLE	D	☑ DELETE	2.1 TITLE	T/D	☐ Change ☑ Addition
NAME	KONTNY, BUTCH		2.2 NAME	Rick Rickenbach	
STREET ADDRESS	4310 SANDYWAY LN		2.3 STREET ADDRESS	729 Executive DR	
CITY-ST-ZIP	LAKELAND FL 33803		2.4 CITY-ST-ZIP	Winter PARK FL 32789	
TITLE	D	☐ DELETE	3.1 TITLE	V.P.	☑ Change ☑ Addition
NAME	JACKSON, KEN		3.2 NAME	OAvid Schumacher	
STREET ADDRESS	750 BELL RD		3.3 STREET ADDRESS	23061-C Bayshore Rd	
CITY-ST-ZIP	SARASOTA FL 34240		3.4 CITY-ST-ZIP	Charlotte Harbor FL 33980	
TITLE	D	☑ DELETE	4.1 TITLE	S	☐ Change ☑ Addition
NAME	MURPHY, KEVIN		4.2 NAME	Al Cheney	
STREET ADDRESS	215 FARMER BROWN RD		4.3 STREET ADDRESS	2376 W Nine Mile Rd	
CITY-ST-ZIP	LAKELAND FL 33840		4.4 CITY-ST-ZIP	Pensacola FL 32524	
TITLE	D	☑ DELETE	5.1 TITLE	D/TR	☑ Change ☐ Addition
NAME	CAMPBELL, LARRY		5.2 NAME	Ken Jackson	
STREET ADDRESS	3216 15TH ST E		5.3 STREET ADDRESS	750 Bell Rd	
CITY-ST-ZIP	BRADENTON FL 34208		5.4 CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	☐ DELETE	6.1 TITLE	O	☑ Change ☑ Addition
NAME	JACKSON, KEN		6.2 NAME	Pam Luther	
STREET ADDRESS	750 BELL ROAD		6.3 STREET ADDRESS	729 Executive Drive	
CITY-ST-ZIP	SARASOTA FL 34240		6.4 CITY-ST-ZIP	Winter PARK FL 32789	

CR2E037 (11/98)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED Director 1/5/99 407-599 2155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #