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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90112 007 \*\*\*150.00

04/1995

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G35844**

1. Corporation Name  
**PLUMBING SUPPLY OUTLET, INC.**

Principal Place of Business  
**645 CENTRAL AVE.  
 P.O. BOX 1857  
 SARASOTA FL 34236  
 US**

Mailing Address  
**645 CENTRAL AVE.  
 P.O. BOX 1857  
 SARASOTA FL 34236  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/26/1983**

4. FEI Number

**59-2368999**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

21. Principal Place of Business

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAULINE PENIX  
 645 CENTRAL AVE.  
 SARASOTA FL 34237**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST**  DELETE  
 NAME **PENIX, JOSEPH E.**  
 STREET ADDRESS **1041 HANCOCK AVE**  
 CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE **ST**  Change  Addition  
 1.2 NAME **PENIX, PAULINE**  
 1.3 STREET ADDRESS **1720 BIRCHWOOD STREET**  
 1.4 CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE **P**  DELETE  
 NAME **PENIX, GREGORY A.**  
 STREET ADDRESS **4834 WILD DOVE LANE**  
 CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **V**  DELETE  
 NAME **WENDELL, DEBORAH A PENIX**  
 STREET ADDRESS **8171 PALMER BLVD.**  
 CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE: *Gregory A. Penix*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GREGORY A. PENIX**

Date **1/11/99** Daytime Phone # **(941) 366-6755**

CR2E034 (1/98)