

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **G89498** (1)
1. Corporation Name
THE ALERT PLUMBING SERVICE OF ARCADIA, INC.



Principal Place of Business
**6903 N.W. PINE LEVEL ST.
ARCADIA FL 33821**

Mailing Address
**6903 N.W. PINE LEVEL ST.
ARCADIA FL 33821**

3. Date Incorporated or Qualified
03/12/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2428444

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 **2587 NW Pine CREEK AV**

2a. Mailing Address
26 **2587 NW Pine CREEK AV**

Suite, Apt. #, etc.
22 **CREEK AV**

Suite, Apt. #, etc.
27 **CREEK AV**

City & State
23 **ARCADIA FL**

City & State
28 **ARCADIA FL**

Zip
24 **33821**

Country
25 **D**

Zip
29 **33821**

Country
30

9. Name and Address of Current Registered Agent

**MCANLY, JAMES H.
222 EAST OAK ST.
ARCADIA FL 33821**

10. Name and Address of New Registered Agent

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's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PD LEWIS, JERRY R.	6903 N.W. PINE LEVEL ST	ARCADIA FL	<input checked="" type="checkbox"/>
	V FLUHARTY, JOHN	1402 26TH STREET WEST	BRADENTON FL	<input type="checkbox"/>
	STD LEWIS, SANDRA S.	6903 N.W. PINE LEVEL ST	ARCADIA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	STD LEWIS, PENNY	2587 NW PINE CREEK AVE.	ARCADIA, FL 33821	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PRESIDENT	KARL LEWIS	2587 NW PINE CREEK AV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			ARCADIA FL 33821	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE: **X Penny M. Lewis - Penny M. Lewis** 2-19-96 941-494-6794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)