PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J49131

WYMAN PLUMBING, INC.

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90024 012 ***150.00



Principal Place of Business Mailing Address										YEDI TIBI DIBEL D	IBIT BIRTI BIRT	IN BLUTI MIRIT IRBI
3002 44TH AVE W 3002 44TH AVE W												
BRADENTON FL 34207			BRADENTON FL 34207									
US				US					DO NOT WRI		SPACE	
									3. Date Incorporated or Qualifed		i	
2 Dringing F	Place of Business		2- 14	tallian Addanas					12/29/1986 4. FEI Number			
—	riace of business		2a. Mailing Address								Applied For	
Suite, Apt.	# 010	Suite Apt # etc					59-2754325			Not Applicable		
─ , ''	- H, BC	Suite, Apt. #, etc.					-5Certifeate of Status Desired			Additional		
City & Stat	to	27 City & State										
23								6. Election Campaign Financing			May Be	
Zip Country			Zip Country					Trust Fund Contribution			to Fees	
24	¬ '			29 30				8. This corporation owes the curr	ent year int	angibre Zves	□No	
9. Name and Address of Currer			1	<u> </u>					Personal Property Tax. 10. Name and Address of New Registered Agent			CINO
	o, Hume and Ad	arcas or ourrent	register	ed Agent		81	Nar	me	To. Name and Address of New F	tegistereu i	Agent	
MCE	DONOUGH, DONAI	D F.										
6468 PARKLAND DR.						82	Stre	et Addres	dress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34243			į			83						
.						03				•		
						84	City	,	- = 4P (10.	FL	85 Zip	Code
11 Pursuant	to the provisions of 9	ections 607 0502	and 607	1509 Florida Stati	ites the a	hous		ad corner	ation submits this statement for the		L L	ta sociatored
office or r	registered agent, or b	oth, in the State o	f Florida. i	Such change was	authorized	'vd t	the co	orporation'	's board of directors. I hereby accep	ot the appoir	ntment as r	egistered
agent, I a	am familiar with, and a	accept the obligati	ons of, Se	ection 607.0505, F	lorida Stat	utes.						_
SIGNATURE	Signature, typed or printed r			- No.	rr B							
12,	Signature, typed or printed i	OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	13.	Agen	it signat	ure required w	then reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIDECT	ODS IN 12
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	VS MCDOMONOU F	N VILLE D		☐ pereie	2.1 TT						Change	☐ Addition
NAME	MCDONOUGH, E				2.2 N/							
STREET ADDRESS	,	DR					ADDRE	ss	-	**	- .	
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TITLE				☐ DELETE	3.1 TD						☐ Change	Addition
NAME					3.2 NA							
STREET ADDRESS					3.3 ST	REET	ADDRE	SS				ļ
CITY-ST-ZIP					3.4. CI		T-ZIP					
TITLE				☐ DELETE	4.1 TT						Change	Addition
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CITY-ST-ZIP					4,4 CT	IY-ST	-ZIP					
TITLE				☐ DELETE	5.1 111						☐ Change	☐ Addition
NAME					5.2 NA				•			
STREET ADDRESS					5.3 ST	REET.	ADDRE	ss				1
CITY-ST-ZIP					5.4 Cf		-ZIP					
TITLE				☐ DELETE	6.1 TII	LE					☐ Change	☐ Addition
NAME					6.2 NA	ME						
STREET ADDRESS					6.3 ST	REET	ADDRE	ss				

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 119.07(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 607. 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 impowered.

SIGNATURE:

CITY-ST-ZIP