FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Jan 27 1998 8:00am Secretary of State

ļ	1000			
i. Corporatio	MENT # K1072 R PLUMBING, INC.	25 (5)		
Principal Plac	e of Business	Mailing Address		T TODIANTI BUT INDIA TURKI UNDER LEGAL DESTA BIRTI UKUKE OLONI ÜTBIT DIRIZ ÜTBIT IOUF
175 SUNSET DR. % WILLIAM GERIT NABER			R	
W. MELBOURNE FL 32904 175 SUNSET DR US WEST MELBOURENE FL			32004	DO NOT WRITE IN THIS SPACE
		US	VESOT	3. Date Incorporated or Qualified
				12/30/1987
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number Applied For
21				59-2878870 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
22				6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
	ABER, WILLIAM GERIT		81 Name	
	1094 BLAU COURT, NW			Address (P.O. Box Number is Not Acceptable)
P/	ALM BAY FL 32907		83	173 SUNSO DENE
			43	
			84 City	ZST ME BOURS FL 85 Zip Code 32 Sau
11 Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statute	as the above-named	corporation submits this statement for the purpose of changing its registered
office or 1	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the cor	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	arrianiliar with and accept the cong	ations of, Secapit 607.0303, Fic	mua Statutes.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Agent signature	e required when reinstating) DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE	OCIES Design
NAME	NABER, WILLIAN GERIT		1,2 NAME	WILLIAM G. WABLE
STREET ADDRESS	1094 BLAU COURT		1.3 STREET ADDRESS	WILLIAM C. MASC. 175 SCINSTET DRIVE WEST MERBOURKE, FC 72500 Change Addition
CITY-ST-ZIP	PALM BAY FL D	1 DELETE	2.1 TITLE	Whis multioutive, FL 2 500
NAME	NABER WILLIAM JR,		2.2 NAME	
STREET ADDRESS	926 COMERCE		2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BAY FL		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS	1		3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME	}		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>	DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		☐ pereic	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS	}			1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST-ZIP	
	certify that the information supplied y	with this filing does not qualify to		ed in Section 119 07(3)(i) Florida Statutes I further certify that the information

Indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.0 (3)(1), 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: