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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000042198 (9)

FILED May 09 1997 8:00am Secretary of State

JAMES K. MCSTRAVIC PLUMBING, INC. Principal Place of Business Mailing Address 834 N.W. 5TH PLACE CAPE CORAL FL 33909 CAPE CORAL FL 33983-1140								
					3. Date Incorporated or Qualified 06/07/1994		e of Last R 1/1996	eport
2. Principal (21	Place of Business	26. Mailing Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4. FEI Number 65-0504027			plied For I Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
Orty & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip 24	Country 25	Z _{IP}	30	ntry	8. This corporation has liability fo			
	9, Name and Address of Curr		1		10. Name and Address of New F	legistered A	gent	
MC	STRAVIC, JAMES K			81 Name				
	N.W. 5TH PLACE PE CORAL FL 33909		ŀ	82 Street Add	dress (P.O. Box Number is Not Accepta	able)		·····
			ł	83				·
				84 City		FL	85 Zip (Code
11. Persuar office or agent 1	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Stat ite of Florida. Such change war igations of, Section 607.0505, I	lutes, the at s authorized Florida Stati	pove-named cor d by the corpora utes.	rporation submits this statement for the ation's board of directors. I hereby acc	ept the appo	ointment as	registered
11. Pursuad office or agent 1 SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or protest name of registered OFFICERS A	ile of Florida. Such change wa igations of, Section 607.0505, I agent and little Lapplicable (N IND DIRECTORS	s authorized Florida Stati	d by the corpora utes.	rporation submits this statement for the ation's board of directors. I hereby acc ulred when renstating) ADDITIONS/CHANGES TO OFF	DATE.	DIRECTOR	registered
office or agent 1 SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typical or protest raine of registered a OFFICERS A DP MCSTRAVIC, JAMES K	tle of Florida. Such change wai igations of, Section 607.0505, l agent and little if applicable (N	s authorized Florida Stati OTE: Registered 13. 1.1 Till 1.2 NA 1.3 ST	d by the corpore utes. I Agent signature requ LE MME REET ADDRESS	ation's board of directors. I hereby acc	DATE.	pintment as	registered
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4. I do 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.

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICE

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