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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000014684

J. MASSARO PLUMBING, INC.

Mailing Address
5907 JOHNS ROAD

May 07, 1999 8:00 am Secretary of State

05-07-1999 90085 019 ***150.00

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5907 JOHNS RO TAMPA FL 3363				DO NOT WRITE IN	THIS S	PACE					
						 Date Incorporated or Qualified 02/20/1995 					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26				59-3297367			Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired			Additional Required		
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees		
Zip	Country 25	Zip	Zip Countr			This corporation owes the current yearsonal Property Tax.		ngible Yes	□No		
24	9. Name and Address of Curr		301	10. Name and Address of New Registered Agent							
	5. Name and Address of Curr	ent Negrotered Agent	1	B1	Name	101 112 112 112 112 112 112 112 112 112		<u></u>			
MASSARO, JAMES N				82 Street Address (P.O. Box Number is Not Acceptable)							
	' Johns Road Pa Fl 33634		1	B3				· · · · · · · · · · · · · · · · · · ·			
			1	84	City		FL	85 Z	p Code		
office or re agent. I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was au	ithorized l	by th	named con he corpora	rporation submits this statement for the purpo- tion's board of directors. I hereby accept the a	se of cl appoint	nanging ment as	its registered registered		
SIGNATURE	Signature, typed or printed name of registered a	gest and title if applicable (NOTE:	Registered A	nent s	sionature requi	ired when reinstating) DA	TE				
12.		AND DIRECTORS	13.	gont	aignature requ	ADDITIONS/CHANGES TO OFFICER		DIREC	TORS IN 12		
TITLE	D	☐ DELETE	1,1 TITL	F				☐ Chang			
	_	<u></u>	1.2 NAM						_]		
NAME	MASSARO, JAMES N				ADDRESS						
STREET ADDRESS	5907 JOHNS ROAD		1		1						
CITY-ST-ZIP	TAMPA FL 33634	☐ DELETE	1.4 CITY 2.1 TITL	_	-212		_	Chang	e Addition		
TITLE	VD	C SELETE						<u> </u>			
NAME	RODRIGUEZ; JOHN F.		2.2 NAM						Ì		
STREET ADDRESS	6402 BEAVER WAY		4		ADDRESS	zip code: 3	3362	25			
CITY-ST-ZIP	TAMPA FL 33625		2. 4 CIT	_	- ZIP	225 00001		[] Chang	e Addition		
TITLE	•	☐ DELETE	3.1 TITL					Chang	le 🗀 vogition		
NAME			3.2 NAM								
STREET ADDRESS			3.3 STR	EETA	ADDRESS)						
CITY-ST-ZIP			3.4. CIT		-ZIP			Chanc	no [7] Addition		
TITLE		☐ DELETE	4,1 T/TL					Chang	ie 🔲 Addition		
NAME			4. 2 NAM	ME							
STREET ADDRESS			4.3 STR	EETA	ADDRESS				ļ		
CITY-ST-ZIP			4.4 CITY		ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 TITL					Chang	je		
NAME	 		5.2 NAM						ļ		
STREET ADDRESS	ı		5.3 STR	REETA	ADDRESS				İ		
CITY-ST-ZIP			5.4 CITY		ZIP						
TITLE		☐ DELETE	6.1 TITL	Ē.				Chang	je 🗌 Addition		
NAME			6.2 NAM	Æ							
STREET ADDRESS			63 STR	REET A	ADDRESS				ļ		
CITY+ST-ZIP			6.4 CITY	Y-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 empowered.

SIGNATURE:

JAMES N. MASSARO

04/27/99

(813)885-1307