03-05-1999 90013 037 \*\*\*150.00

## 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 # P96000027266

1. Corporation Name

CITY-ST-ZIP

JTS PLUMBING & MECHANICAL INC.

Principal Place of Business Mailing Address										9 Ellig Bill (40)
12600 189TH COURT NORTH JUPITER FL 33478		12600 189TH COURT NORTH JUPITER FL 33478								
	·· <del>-</del>					DO NOT WRITE IN THIS SPACE				
							Incorporated or Qualifed			
2. Principal Place of Business 2a. Mailing Address						4. FEI			A	pplied For
21. 1 Tilloipar 1	dec of Basilloos		26			65-	0652897			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75	Additional
22		27	•			5. Cen	ifcate of Status Desired		Fee R	equired
City & State	e	City & State	City & State			6. Elec	tion Campaign Financing		\$5.00	May Be
23		28	3			Trus	t Fund Contribution		Added	to Fees
Zip	Country Zip			Country			corporation owes the cur-	rent year Inta		
24	25	29 3	30				onal Property Tax.		Yes	□No
	9. Name and Address of Currer	ıt Registered Agent				10. Nan	ne and Address of New	Registered A	.gent	
	NIELL LAUDEEN T		81	י וי	Name					
MITCHELL, LAUREEN T 12600 189TH COURT NORTH			82	2 S	Street Addres	ess (P.O. Box Number is Not Acceptable)				
	TER FL 33478		83	-						
0011	TENT E SOTT S		["							
			84	<u>د</u>	City	_		·FL	85 Zip	Code
44 Durauant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	s the abov	/e-na	amed corpora	ation sub	mits this statement for the	purpose of	hanging it	s registered
office or re	enistered agent or both in the State.	of Florida. Such change was aut	thorized by	v tne	corporation'	's board o	of directors. I hereby acce	pt the appoin	tment as n	egistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fioric	da Statutes	<b>S</b> .						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: I	Registered Age	ent sig	nsture required w	when reinstats	ng)	DATE		\
12.		ID DIRECTORS	13.		,		TIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	_					☐ Change	
NAME	MITCHELL, THOMAS P III		1.2 NAME	1.2 NAME						ļ
STREET ADDRESS	AVA 4000 ANOTH COURT NORTH			1.3 STREET ADDRESS						Į
C/TY-ST-ZIP	JUPITER FL 33478	,,,,,,	1.4 CITY-	ŞT-ZII	P					
TITLE	D	DELETE 2.17				Change			☐ Addition	
NAME	MITCHELL, LAUREEN T	-		22 NAME						1
STREET ADDRESS	O.O. LOOP ASSET COLOT MODEL			ET ADI	DRESS					{
CITY-ST-ZIP	JUPITER FL 33478		2. 4 CITY-	ST-Z	IP					·
TITLE			3.1 TITLE			_			Change	Addition
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE	ETAD	DRESS					
CITY-ST-ZIP			3.4. CITY-	ST-Z	JP		<u> </u>			
TITLE	☐ DELETE 4.1		4.1 TITLE	4.1 TITLE					☐ Change	e 🗌 Addition
NAME	4.		4. 2 NAME	4. 2 NAME						
STREET ADDRESS	4.3		4.3 STREE	4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	sT-ZI	P	_			<u>.</u>	
TITLE			51TTLE	1					Change	Addition Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE							Ì
CITY-ST-ZIP				CITY-ST-ZIP			<u> </u>		Charry	. □ Addition
TITLE		☐ DELETE	6.1 TTLE						Change	e ☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	ETAD	XURESS					

64 CITY-ST-ZIP

14. Thereby 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 or an attachment with an address, with all other like empowered. SIGNATURE: