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PROFIT-CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088925

2ND CENTURY PLUMBING, INC.

												
Principal Plac	e of Business	Mailing Address				[,				4,10 .0	
645 SWOUITE CT PO BOX 1962 APT 102 NAPLES FL 34106-1962						1						
NAPLES FL 34104						DO NOT WRITE IN THIS SPACE			CE_			
US							Date Incorporate	ed or Qualif	ed			
2 Principal D	Hann of Dunings	Ja Mailina Address					10/15/1997 FEI Number				Т Т.	
Z. Principal P	lace of Business Squire Ct	2a. Mailing Address				Į.	59-3478625					oplied For ot Applicable
Suite, Apt.		Suite, Apt. #, etc.						- 1		\$		Additional
22 Apt	102	27				5. C	Certifcate of Sta	itus Desired		•		equired
City & Stat		City & State				6. E	Election Campa	ign Financir	. e		55.00	May Be
23 Nap	iles , FL	28					Trust Fund Cont					to Fees
Zip	Country	Zip	Coul	itry		1	This corporation	:	urrent year			
24 341	9. Name and Address of Curren		30				Personal Proper Name and Add		u Ponisto	od Ago		□No
	5. Name and Address of Curren	Kegistered Agent		81 N	Vame	10. 1	Italile allu Auu	1633 (1116	M LCA ISTO	eu Agei		
PETI	er, marie a											
645 SQUIRE COURT #102			{	82 5	Street Addres	fress (P.O. Box Number is Not A			eptable)			
NAP	LES FL 34104			83				i				
				04 6							- Zin i	Code
				84 (City			}	F	=∟ │86) Zip	Code {
11. Pursuant	to the provisions of Sections 607.050, registered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the at	ove-n	amed corpor	ration s	submits this sta	tement for t	the purpose	of chan	ging its	registered
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, Flor	ida Statu	tes.	COIDOIALION	15 000	ila di allectors.	i licieby ac	cept the as	pominie	iii aş ie	gistered
SIGNATURE								<u> </u>				}
12.	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered .	Agent sig	gnature required y			NGES TO	DATE	<u> </u>	RECTO	500 101 40
TITLE							ロロはこのいらんこれる		OFFICERS	AND D		
	l DP	☐ DELETE	1.1 TIT	.E		AL	DDITIONS/CHA	1	OFFICERS		Change	Addition
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STREET ADDRESS	PETER, WALLACE S 645 SQUIRE COURT #102 NAPLES FL 34104 DVST PETER, MARIE A	☐ DELETE	1.2 NA 1.3 STI 1.4 CIT	ME REET AD Y-ST-ZI E		AL	DDITIONS/CHA	1	OFFICERS		Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE: Marie Peter

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