

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

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Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G89498** (1)
1. Corporation Name
THE ALERT PLUMBING SERVICE OF ARCADIA, INC.

Principal Place of Business
2587 NW PINE CREEK AVENUE
ARCADIA FL 33821
US

Mailing Address
2587 NW PINE CREEK AVENUE
ARCADIA FL 33821
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2587 NW Pinecreek Ave	26 2587 NW Pinecreek Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Arcadia FL	28 Arcadia FL
Zip	Zip
24 34266	29 34266
Country	Country
25 Desoto	30 Desoto

3. Date Incorporated or Qualified 03/12/1984	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2428444	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MCANLY, JAMES H.
222 EAST OAK ST.
ARCADIA FL 33821**

81 Name KARL J LEWIS
82 Street Address (P.O. Box Number is Not Acceptable) 2587 NW Pinecreek Ave
83
84 City Arcadia
85 Zip Code FL 34266

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karl J Lewis* **KARL J LEWIS** DATE **1-10-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P LEWIS, KARL
STREET ADDRESS	2587 NW PINE CREEK AVENUE
CITY-ST-ZIP	ARCADIA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V FLUHARTY, JOHN
STREET ADDRESS	1402 26TH STREET WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STD LEWIS, PENNY
STREET ADDRESS	2587 NW PINE CREEK AVENUE
CITY-ST-ZIP	ARCADIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PVSTD LEWIS, KARL
1.3 STREET ADDRESS	2587 NW Pinecreek Ave
1.4 CITY-ST-ZIP	Arcadia FL 34266
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: *Karl J Lewis* **REQ KARL J LEWIS** DATE **1-10-98** **941 499 6799**

CR2E034 (10/97)