

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 507064

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC1747425059**

**Entity Name:** THARP PLUMBING SYSTEMS, INC.

**Current Principal Place of Business:**

625 WILMER AVE.  
ORLANDO, FL 32808

**Current Mailing Address:**

625 WILMER AVE.  
ORLANDO, FL 32808

**FEI Number: 59-1674469**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

THARP, JAMES W. JR.  
625 WILMER AVENUE  
ORLANDO, FL 32808 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name THARP, JAMES W., JR  
Address 3076 TOTIKA COVE  
City-State-Zip: LONGWOOD FL 32779

Title ST  
Name PARKER, CINDA B  
Address 501 LISA LANE  
City-State-Zip: MAITLAND FL 32751

Title VP  
Name HORN, DAVID T  
Address 5200 KATILYNN DR  
City-State-Zip: APOPKA FL 32712

Title VP  
Name JACKSON, JAMES C  
Address 7527 MEGAN ELISSA LN  
City-State-Zip: ORLANDO FL 32819

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES W. THARP, JR.**

**PRESIDENT**

**04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date