

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90025 012 ***150.00

1. Corporation	MEN 1 # 203432 PLUMBING CORPORATION				
Principal Place	o of Rusiness	Mailing Address		I ENDIND HATH BAIRD HAIT BATARE HAID BADE SCHI	i ditri giri; biti biti ditri giti; 185)
•	A OI DOSKIDSS	2180 9TH ST			·
2180 9TH ST SARASOTA FL	34237	SARASOTA FL 34237			IO POACE
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualifed 06/15/1957	
6 B4-7-7	to an of Pute Innee	2a. Mailing Address		4. FEI Number	Applied For
ſ	tace of Business	26 Making Address		59-0812522	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			\$8.75 Additional
22)	• •	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	- <u>-</u>	8Election Campaign Financing	\$5.00 May Be
23		28	C	Trust Fund Contribution	Added to Fees
Zip	Country	Z _p	Country	 This corporation owes the current year in Personal Property Tax. 	Intangible ∐Yes □No
24	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	
	s. Italia did woodas of Condit	izalistaran wilani	81 Name	112 (1-	
TUC	KER, LESLIE H JR.		99 50000	dress (P.O. Box Number is Not Acceptable)	
) 9TH ST.		82 Street Ad	diese (i. O. Box Halling) a dot screbing)	
SAR	ASOTA FL 34237 (\supset Ω	83 2	120 5-11-07-0	7
/	ショント		84 City	var boso case ?	85 Zip Code
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named co	rporation submits this statement for the purpose tilion's board of directors. I hereby accept the app	of changing its registered , ointment as registered
	ELEMENTOU AUSTIL OF DOM, IN THE STATE OF				-
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.		
agent. I a					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature req		
		and title if applicable. (NOTE: R		red whet reinstring) DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and the if applicable. (NOTE: R	legistered Agent signature reco	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered open OFFICERS AND	and the if applicable. (NOTE: R	egistered Agent signature reg 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND CO TUCKER, LESLIE H JR	and the if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change DAAddition TO Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered again OFFICERS AND CD TUCKER, LESUE H JR 2180 9TH STREET	and the if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A RESIDENT DIRECTOR ON JOXNOPHY 160 Canelly Street 17237 160 Canelly Street 17237	AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered again OFFICERS AND CD TUCKER, LESUE H JR 2180 9TH STREET	grd Bibs if applicable. (NOTE: R O DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change DAAddition TO 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.

SIGNATURE:

