


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90154 050 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 218614**

1. Corporation Name

**HERMANN PLUMBING INC**

Principal Place of Business

2110 S.W. 60TH WAY  
MIRAMAR FL 33023

Mailing Address

2110 S.W. 60TH WAY  
MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1959

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number

59-0863265

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☒ Yes☐ No

9. Name and Address of Current Registered Agent

GARY A. CONTI  
18911 NW 10 ST.  
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETENAME GARY A. CONTI  
STREET ADDRESS 18111 NW 10 ST.  
CITY-ST-ZIP PEMBROKE PINES FLTITLE VP ☒ DELETENAME CONTI, KEVIN  
STREET ADDRESS 700 SW 70TH TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33023TITLE D ☐ DELETENAME NINA MARA CONTI  
STREET ADDRESS 18911 NW 10 ST.  
CITY-ST-ZIP PEMBROKE PINES FLTITLE D ☐ DELETENAME THERESA R. CONTI  
STREET ADDRESS 18911 NW 10 ST.  
CITY-ST-ZIP PEMBROKE PINES FLTITLE D ☒ DELETENAME RELLES F. CONTI  
STREET ADDRESS 700 SW 70TH TERR  
CITY-ST-ZIP PEMBROKE PINES FL 33023TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)