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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 324083

(5)

LAU PLUMBING CO., INC.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
622 S. ECHO DR. P. O. BOX 1586							
P.O. BOX 1586		BRANDON FL 33509-1586		DO NOT WRITE IN THIS SPACE			
BRANDON FL 33511 US		US		3. Date Incorporated or Qualified			
33					12/12/1967		ļ
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	I At	oplied For
21		26		59-1197248		ot Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		_	¢9.75	Additional
22		27		5. Certificate of Status Desired 1		equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fées
Zip	Country	Zip	Zip Country		8. This corporation owes or has paid	the current year In	tangible
24	25		10		Personal Property Tax due June 30. 🔀 Yes 🗌 No		
	Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Regis	tered Agent	
SHEAR, L DAVID				Name			
201 E KENNEDY BLVD				Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA, FL					, , , , , , , , , , , , , , , , , , ,		
33602			83				
	_		84	City		85 Zip	Code
			04	City		FL S Z P	Code
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.							
	The state of the s						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS ANI		13.	,	ADDITIONS/CHANGES TO OFFICER		
TITLE	VD	☐ DELETE	1.1 TITLE	ĺ		Change	Addition [
NAME	POWELL, BONNIE L		1 2 NAME				:
STREET ADDRESS	622 SOUTH ECHO DR			DORESS			}
GITY-ST-ZIP	BRANDON, FL 00000		1.4 CITY - ST -	ZIP			
TITLE			2.1 TITLE			Change	Addition
NAME	POWELL, W. DAVIS		2.2 NAME				
STREET ADDRESS	622 S. ECHO DR.		2.3 STREET A	DDRESS			
CITY-ST-ZIP	BRANDON FL			- ZIP	:		
TITLE	PTD DELETE		3.1 TITLE			☐ Change	Addition
NAME	POWELL, WILLIAM L		32 NAME				
STREET ADDRESS	622 SOUTH ECHO DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	BRANDON, FL 00000		3.4. CITY-ST	- ZIP			
TITLE	DELETE		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DORESS			
CITY-ST-ZIP			4.4 CiTY - ST -	ZIP			
TITLE	DELETE		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	5		5.3 STREET A	DDRESS			
CITY-ST-ZIP	5.4		5.4 CITY-ST-	ZIP			
TITLE	DELETE		6.1 TITLE		Change Additio		Addition
NAME			62 NAME				
STREET ADDRESS			6 3 STREET A	DDRESS			
CITY-ST-ZIP			6.4 CITY-ST-	ZIP			
	ertify that the information supplied wi	th this filing does not qualify for			Section 119.07(3)(i), FlorIda Statutes. I fur.	her certify that the	information

indicated on this annual report or supplied with this limit does not quality for the exemption stated an 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.

813-681-5879