PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 324083

1. Corporation Name

LAU PLUMBING CO., INC.						ļ				
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Pr	incipal Place	of Business	Mailing Address				A TITLE ITALL BLOCK ORIEL IDIAA .	··· =:=:: =:=:: =:=:: >:	en e.e., e.e., ree,	
622 S. ECHO DR. P. O. BOX 1586							•			
P.O. BOX 1586 BRANDON FL 33509-1586						}	DO NOT MOTE	N THE SPACE		
BRANDON FL 33511 US			US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US	1					12/12/19				
Principal Place of Business 2a. Mailing Address						4. FEI Numbe			Applied For	
├ ┐ '			2a. Mailing Address	- j			248	. H	Not Applicable	
(+ ·(Suite, Apt. #, etc.	, Apt. #, etc.		-		- \$8. 7	5 Additional	
22 27				• •		5. Certifcate	of Status Desired	Fe€	Required	
City & State			City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
<u> </u>			28				Trust Fund Contribution Added to Fees			
	Zip			Country		8. This corporation owes the current year Intangible				
24		25 29 30		30			roperty Tax.	☐ Yes	□No	
		9. Name and Address of Curren	t Registered Agent		-	10. Name and	Address of New Reg	stered Agent		
	0.15	D 1 DAMB			Name				}	
SHEAR, L DAVID				1	32 Street Add	ress (P.O. Box Nu	mber is Not Acceptable)		
201 E KENNEDY BLVD			•	1 1						
TAMPA, FL				83						
33602				1	34 City	-		—. 85 2	ip Code	
	_							<u> </u>	**	
11	I. Pursuant t	o the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute: of Florida, Such change was au	s, the abo thorized l	ove-named corporati	ooration submits the	is statement for the pur stors. I hereby accept th	pose of changing le appointment a	s registered	
Ì	agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statut	es.			•	ļ	
SI	GNATURE .		41575.1	B	gent signature require	-durbon releasesting)		DATE		
12.		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS			Beir aitherme reduit					
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NA	}	·	DELETE	13.	E [/CHANGES TO OFFIC	ERS AND DIRE		
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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 anaddress, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADORESS

TITLE

NAME

☐ Change

Addition

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90122 039 ***150.00