

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90123 037 \*\*\*158.75

DOCUMENT # 385797 ✓

1. Corporation Name

MCDONALD VALVE SERVICE CORPORATION  
AND FITTING, INC. NC 1/25/99

Principal Place of Business

5630 S FLORIDA AVE  
PO BOX 5079  
LAKELAND FL 33807-2079

Mailing Address

5630 S FLORIDA AVE  
PO BOX 5079  
LAKELAND FL 33807-2079

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1971

4. FEI Number

59-1363891

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 710 PRAIRIE WIND RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 1016  
Suite, Apt. #, etc.

City & State

23 MULBERRY, FL.

City & State

28 MULBERRY, FL.

Zip

24 33860

Country

25 USA

Zip

29 33860

Country

30 USA

9. Name and Address of Current Registered Agent

MCDONALD, PAUL D  
2525 SHEPHERD RD.  
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

WILLIAM L. MATHIS

82 Street Address (P.O. Box Number is Not Acceptable)  
6228 SOMMERSET W.

83

84 City

LAKELAND

FL

85 Zip Code

33813

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.

SIGNATURE: WILLIAM L. MATHIS

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

William L. Mathis

4/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME MCDONALD, PAUL D  
STREET ADDRESS 2525 SHEPHERD RD.  
CITY-STATE-ZIP LAKELAND FL

TITLE D ☐ DELETE  
NAME WILLIAMS, JERRY L  
STREET ADDRESS 6778 TRAILRIDGE DRIVE  
CITY-STATE-ZIP LAKELAND FL

TITLE STD ☐ DELETE  
NAME MATHIS, WILLIAM L  
STREET ADDRESS 6228 SOMMERSET W.  
CITY-STATE-ZIP LAKELAND FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1045 LAMP POST LN.  
2.4 CITY-STATE-ZIP LAKELAND, FL. 33813

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: WILLIAM L. MATHIS

4/13/99

941-425-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)