

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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90008 030 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 398484

1. Corporation Name
TROPICAL PLUMBING, INC.

Principal Place of Business P.O. BOX 905 STATE RD 559 SE OF EAGLE LAKE EAGLE LAKE FL 33839	Mailing Address P.O. BOX 905 STATE RD 559 SE OF EAGLE LAKE EAGLE LAKE FL 33839
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/30/1972

4. FEI Number
59-1384757

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 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEWART, LAWRENCE C. (JR)
659 AVE A NW
WINTER HAVEN FL 33880

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
VD	MATHES, ROBERT K.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STATE RD 559 SE OF EAGLE LAKE	EAGLE LAKE FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
P	DAUGHTRY, WILLIAM R JR.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STATE RD 559 SE OF EAGLE LAKE	EAGLE LAKE FL 33839	2.1 TITLE	2.2 NAME
STATE RD 559 SE OF EAGLE LAKE	EAGLE LAKE FL 33839	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
S	WINKLER, LINDA C	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STATE RD 559 SE OF EAGLE LAKE	EAGLE LAKE FL 33839	3.1 TITLE	3.2 NAME
STATE RD 559 SE OF EAGLE LAKE	EAGLE LAKE FL 33839	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		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: *Linda C. Winkler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-99 (941)293-3345
 Date Daytime Phone #

CR2E034 (1/98)