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 # 459998

(1)

GOLDEN X PLUMBING SUPPLIES, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				IN I SNOT ALBEIT DIN	ie dente sinti ni	EIL GLOU 1601
8 N FLA AVENUE		8 N FLA AVENUE			ł			
INVERNESS FL \$4453 US		INVERNESS FL 34453 US			50.1071	DITE IN THE	00405	
					3. Date Incorporated or Qualit	DO NOT WRITE IN THIS SPACE		
					08/22/1974	ieu		
2. Principal Pl	age of Business	2a. Mailing Address			4. FEI Number			Applied For
27		26			59-1554576			lot Applicable
Suite, Apt.	#, €tc.	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Status Desired	ı 🗆	*	Required
City & State)	City & State			6. Election Campaign Financia	10	\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Ζιρ	Co	untry	8. This corporation owes or ha	s paid the cu	irrent year Ir	ntangible
14	25	29	30		Personal Property Tax due			□ No
	g, Name and Address of Current	Registered Agent			10. Name and Address of New	v Registered	Agent	
	/IS, HERBERT			81 Name				
	1 8. W. 21ST ST., BLDG. F BAY	7		82 Street	Address (P.O. Box Number is Not Acce	eptable)		·
	HOLLYWOOD 33023				NW 209 Ave #108	plane		
	·			83				
				04 07				<u> </u>
				84 City Pem	broke Pines	FL	85 Zip	Code 029
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	above-named	corporation submits this statement for		of changing	its registered
office or re	gistered agent, or both, in the State o	Florida, Such change was	euthorize	ed by the corp	corporation submits this statement for poration's board of directors. I hereby a	ccept the app	pointment a	s registered
	ir iernilai witii, and accept the obligati	ona or, peopor buz.0505, Fl	unud 518	notes.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NO)	F: Register	ed Agent signetive	required when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12
TITLE	P	X VOELETE	113	ITLE			Change	
NAME	AJELLO, RONALD	<u> </u>	1	AME I				
STREET ADDRESS	1828 W LORRAINE DR			TREET ADDRESS				
CITY-ST-ZIP	CITRUS SPRINGS FL		1	OTY-ST-ZIP				
TITLE	SI	DELETE	2.17				Change	Addition
NAME	DAVIS, JOHN W.	L_ OLLEN	1				CT CHRISTS	L.J AUVITOR
	935 N. INDEPENDENCE HWY.		2.2 N					
STREET ADDRESS	INVERNESS FL			TREET ADDRESS				
CITY-ST-ZIP	IIIAEUMEOO LF	DELETE		CITY-ST-ZIP	President		TT C5	To Addition
TITLE		☐ DELETE	311		Mark Mannion		Change	X Addition
NAME			3.2 N		706 N. Heathrow	Drive		
STREET ADDRESS				TREET ADDRESS	Lecanto, FL 344	61		
CITY-ST-ZIP		I Decises	_	CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 T	TLE	Vice President		∟ Change	XX Addition
NAME			4.21	NAME	Kyle P. Bingham			
STREET ADDRESS			4.3 S	TREET ADDRESS	3860 E Garnet Lo	op		
CITY-ST-ZIP			4.4 0	ITY-ST-ZIP		442		
TITLE		☐ DELETE	5.1 T	ITLE			Change	Addition
NAME			5.2 N	AME (
STREET ADDRESS			5.3 S	TREET ADDRESS				
CITY-ST-ZIF			5.4 0	ITY-ST-ZIP				
TITLE		DELETE	6.1 T				Change	Addition
NAME	· •	= -: -	6.2 N					
STREET ADDRESS				TREET ADDRESS				
				ļ				
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP				

I hereby certify that the information supplied with this filing doos not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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.