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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 507386

(1)

Mailing Address

SPIKE'S PLUMBING, INC.

FILED Apr 14 1998 8:00am Secretary of State

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4724 53RD A PO BOX 211 BRADENTON US	P. O. BOX 21114 BRADENTON FL 34203-1 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1976				
· ·	Place of Business	2a. Mailing Address	— ř			FEI Number	······································		Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				59-1697537		40 -	Not Applicable
22	., -,	27			5.	Certificate of Status Desired			5 Additional e Required
City & Stat	e	City & State	City & State			Election Campaign Financing			00 May Be
23		28				Trust Fund Contribution			ded to Fees
Zip 24	Country	Zip	Count	ry	8.	This corporation owes or has pa			
24	25 29 30 9, Name and Address of Current Registered Agent				10	Personal Property Tax due June Name and Address of New Re		Yes	□ No
SI	ITTON, CLAYTON E		8	1 Na	ame		3.0.0.0		
2123 46TH ST CT EAST					root Addrson (D	O Pay Number is Not Asserte			
	ADENTON FL 33558		8:	2 311	reet Address (P	'.O. Box Number is Not Acceptal	bie)		
			8	3					
			8	4 Cit	ty			85	Zip Code
44 8 22 22					•	· · · · · · · · · · · · · · · · · · ·	FL		·
office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obliga	z and 607.1506, Florida Statu of Florida. Such change was alions of, Section 607.0505, Fl	tes, the abo authorized b orida Statut	ve-nar by the es.	med corporation's b	n submits this statement for the poard of directors. I hereby acce	purpose of pt the appo	chang: ointmen	ng its registered t as registered
SIGNATURE	Signature: typed or printed name of registered age							_	
12.	OFFICERS AND		13.	gent sigi	nature required when	roinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DIBEC	TORS IN 12
TITLE	DPT	DELETE	1.1 TITLE			ADDITIONS/OFFAINALES TO OFFI	OLINO AND	Char	
NAME	SUTTON, CLAYTON E		1.2 NAME						
STREET ADDRESS	2123 46TH CT EAST		1.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	BRADENTON FL	T	1.4 CITY-	ST-ZIP				_	
TITLE	• •		2.4 TITLE	2.1 TITLE				☐ Chan	ge Addition
NAME	SUTTON, DIANE L		2.2 NAME						
STREET ADDRESS	2123 46TH CT EAST		2.3 STREI						İ
CITY-ST-ZIP TITLE	BRADENTON FL	DELETE	2. 4 CITY 3.1 TITLE		·			Chan	no D Addition
NAME		C) prefit	3.2 NAME				1	L_J Chan	ge L Addition
STREET ADDRESS			3.3 STREE		FSS				
CITY-ST-ZIP			3.4. City		1				
TITLE		DELETE	4.1 TITLE	0. 2				Chan	ge Addition
NAME			4. 2 NAMI	Ε	ĺ				
STREET ADDRESS			4.3 STREE	t addri	ESS				
CITY-ST-ZIP			4.4 City-	ST - ZIP					
TITLE		DELETE	5 1 TITLE				ŀ	Chan	ge 🔲 Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		ESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-	ST-ZIP			<u>1</u>	Char	
NAME		L'1 trenent	6.1 TITLE				ı	Chan	ge L. Addition
STREET ADDRESS			6.2 NAME						
			6.3 STREE		100				
CITY-ST-ZIP	and the state in factorial and the state of	N. A. C. & C	6.4 CHY-	51 · 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), Fiorida 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.