

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

FILED
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90040 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



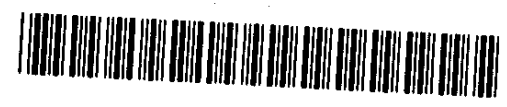
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 512061

1. Corporation Name
A.D. BAYNARD PLUMBING, INC.

Principal Place of Business
**1696 OLD BARTOW ROAD
LAKE WALES FL 33853**

Mailing Address
**1696 OLD BARTOW ROAD
LAKE WALES FL 33853**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/09/1976

4. FEI Number
59-1807473

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

9. Name and Address of Current Registered Agent
**FULMER, DIANNA B.
422 CANAL DRIVE
LAKE WALES FL 33853**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	BAYNARD, GARNETTE G	
STREET ADDRESS	219 MARTIN ROAD NO	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	P	☐ DELETE
NAME	FULMER, DONALD M.	
STREET ADDRESS	422 CANAL DRIVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	☐ DELETE
NAME	FULMER, DIANNA B.	
STREET ADDRESS	422 CANAL DRIVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	☐ DELETE
NAME	BAYNARD, ASHLEY DANIEL	
STREET ADDRESS	123 FIRST AVE. SOUTH	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	ST	☐ DELETE
NAME	GRESKOWITZ, CHRISTIE B.	
STREET ADDRESS	433 CANAL DRIVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Dianna B. Fulmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

(941)
676-2116

CR2E034 (11/98)

0431566