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
Feb 19, 1999 8:00am
Secretary of State

02-19-1999 90040 006 ****150.00

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DOCUMENT # 512061

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualifed: 09/09/1976

4. FEI Number: 59-1807473 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. **Name and Address of Current Registered Agent**

FULMER, DIANNA B.
422 CANAL DRIVE
LAKE WALES FL 33853

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		
NAME	BAYNARD, GARNETTE G ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	219 MARTN ROAD NO	1.2 NAME	
CITY-ST-ZIP	LAKE WALES FL	1.3 STREET ADDRESS	
TITLE	P	1.4 CITY-ST-ZIP	
NAME	FULMER, DONALD M. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	422 CANAL DRIVE	2.2 NAME	
CITY-ST-ZIP	LAKE WALES FL	2.3 STREET ADDRESS	
TITLE	VP	2.4 CITY-ST-ZIP	
NAME	FULMER, DIANNA B. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	422 CANAL DRIVE	3.2 NAME	
CITY-ST-ZIP	LAKE WALES FL	3.3 STREET ADDRESS	
TLE	VP	3.4 CITY-ST-ZIP	
ME	BAYNARD, ASHLEY DANIEL ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
REET ADDRESS	123 FIRST AVE. SOUTH	4.2 NAME	
Y-ST-ZIP	LAKE WALES FL	4.3 STREET ADDRESS	
E	ST	4.4 CITY-ST-ZIP	
IE	GRESKOWITZ, CHRISTIE B. ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
ET ADDRESS	433 CANAL DRIVE	5.2 NAME	
-ST-ZIP	LAKE WALES FL	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		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 1-29-99 (941) 676-2116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (11/98)