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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 512819 (4)

DAVE MANGRUM PLUMBING, INCORPORATED

FILED Feb 02 1998 8:00am Secretary of State



| | | | | | | | | <u> </u> | /// /00 / | |
|--|--|----------------------------------|------------------------------------|---------------------------|------------------------------|-------------------|---|--|------------------|--|
| Principal Place | e of Business | Mailing | Address | | | | | | | |
| RT 6 BOX 323 RT 6 BOX 323 LAKE CITY FL 32055 LAKE CITY FL 32055 | | | | | | | | | | |
| Chita Office Cases | | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | Date Incorporated or Qualified 09/16/1976 | | | |
| 2. Principal P | lace of Business | 2a. Mail | ing Address | | | , | 4. FEI Number | Applie | ed For | |
| 21 | | 26 | | | | | 59-1688104 | Not A | pplicable | |
| Sulte, Apt. | #, etc. | Suite | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | □ \$8.75 Add | iitional | |
| 22 | | 27 | 27 | | | | 5. Certificate of Status Desired Fee Required | | | |
| City & State | 0 | City | City & State | | | | 6. Election Campaign Financing | \$5.00 Ma | ıy Be | |
| 23 | | 28 | | | | | Trust Fund Contribution | Added to F | | |
| Ζίρ | Country | Zip | | Cou | ntry | | This corporation owes or has pa | | | |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax due June | | 10 | |
| | g. Name and Address of Curren | i Registered | Agent | | 04 | | 10. Name and Address of New Re | gistered Agent | _ | |
| | NGRUM, DAVID EARL | | | | 81 | Name | | | | |
| RT 6 BOX 323 | | | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptal | ole) | | |
| LAKE CITY FL 32055 | | | | | | | | | | |
| | | | | | B 3 | | | | | |
| | | | | | 84 | City | | FL 85 Zip Coo | je et | |
| 11 Pursuant | to the provisions of Sections 607.050 | 2 and 607.15 | 08. Florida Statu | ites, the al | DOVE | -named co | rporation submits this statement for the | | gistered | |
| office or r agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida, Su ations of, Sec | ich change was tion 807.0505, F | authorized lorida Stat | d by utes | the corpora | rporation submits this statement for the pation's board of directors. I hereby acce | pt the appointment as reg | jistered | |
| SIGNATURE | Signature, typed or printed name of registered ag | | | | Agor | nt signature requ | red when reinstating) | 18 Jan 195 | | |
| 12. | OFFICERS ANI | DIRECTOR | | 13. | | | ADDITIONS/CHANGES TO OFFICE | | N 12 Addition | |
| TITLE | MANGRUM, ANDREW D | | DELETE | 1.1 TI | | | | C) crange C | יוטטווטטא ן | |
| NAME | RT 6 BOX 324 N/A | | | 1.2 N/ | | | | | | |
| STREET ADDRESS | LAKE CITY FL | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | PD DELETE | | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Change | Addition | |
| TITLE | MANGRUM, DAVID EARL | | ☐ DECEIE | | | | | □ cusings □ | racition | |
| NAME | RT. 6, BOX 323 | | | 22 N/ | | | | | | |
| STREET ADDRESS | LAKE CITY FL | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | 81 | | DELETE | 2.40 | | 1 - ZIP | | Change | Addition | |
| TITLE | MANGRUM, MARY A | | LT NETE IE | 3.1 TU | | | | F ∩ cuando F | _ / (Gartion | |
| NAME | RT 6 BOX 323 | | | 3.2 N/ | | *DDDECC | | | | |
| STREET ADDRESS | LAKE CITY FL | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | VP | | DELETE | 34. C 4.1 TJ | | 1-202 | | Change | Addition | |
| TITLE | MANGRUM, CHRISTOPHER L | | | 4.1 II | | | | v.ogo | | |
| NAME OTRECT LODGE OR | RT 6 BOX 323 N/A | | | | | ADDDEDC | | | | |
| STREET ADDRESS | LAKE CITY FL | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | - Cut Cut Cut | | DELETE | 4.4 U) 5.1 TI | TY-\$1 | 1 - ZIP | | Change [| Addition | |
| TITLE | | | OLLLIE | 5.1 II | | | | E STATE OF LAND AND ADDRESS OF LAND AND ADDRESS OF LAND ADDRES | | |
| NAME OTRECT LODGEGG | | | | | | ADDRESS | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | DELETE | 5 4 CI | | 1 - /IP | | ☐ Change | Addition | |
| TITLE | | | T bereit | | | | | | | |
| NAME | | | | 62 NA | | *DD0100 | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 6 4 C | 1Y-S1 | I-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 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 logal 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.