PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 512866

1. Corporation Name

K. F. RICE AND SON PLUMBING AND HEATING COMPANY

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90114 007 ***150.00



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Principal Place of Business Mailing Address								i iligiāl ariet tibie timer (6:10 arti	A Bill Billti aid	11 #1#11)1811 B16		
3420 N.E. 13TH TERRACE 3420 N.E. 13TH TERRACE													
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								DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed					
								09/22/1976				Lad Fan	1
2. Principal Place of Business			2a. Mailing Address				4.	FEI Number				lied For	1
21			26				-	59-1695904		-		Applicable	(
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required						
City & State			City & State				6. Election Campaign Financing \$5.00 May Be						<u> </u>
23			28				Trust Fund Contribution Added to Fees						
Zip	Country				ountry		8.	. This corporation owes the curre	nt year Inta	ngible			İ
24	25	29	3	D		_	Personal Property Tax. Yes 🔲					□No	1
9. Name and Address of Current Re			stered Agent			10. Name and Address of New Registered			gent			1	
					81	Name							
RICE, KENNETH F.					82 Street Ade		Address (P.O. Box Number is Not Acceptable)						1
3420 N.E. 13TH TERRACE						Street Addie	,, ,,,						
POM	PANO BEACH FL 33064				83								ĺ
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					84	City			FL	85	Zip Co	ode	İ
11 Pursuant I	to the provisions of Sections 607.0502	and 6	607.1508, Florida Statutes	, the a	bove	-named corpo	oratio	on submits this statement for the	ourpose of o	hangir	ng its r	egistered	1
l office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	f Flori	da. Such change was auti	nonzec	ועםנ	tne corporatio	n's b	oard of directors. I hereby accept	t the appoin	iment :	as regi	stered	
r agent. i ar i	n familiar with, and accept the obligati	ons or	, 5ection 607.0505, Florid	a Şiai	ulcs.								
SIGNATURE	Signature, typed or printed name of registered agent	and title	rt applicable. (NOTE: R	eaisterea	Agent	t signature required	when	reinstating)	DATE				۱ :
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRE	CTOF	S IN 12] }
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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 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.

Vivian Rice SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-13-99

(954)942-1046