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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90147 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 532015

1. Corporation Name

ABLE PLUMBING REPAIR SERVICE, INC.

Principal Place of Business

8125 103RD ST.
JACKSONVILLE FL 32210

Mailing Address

8125 103RD ST.
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1977

4. FEI Number

59-1729824

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

PRINGLE, VICKI
8125 103RD ST.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

83 8127 103RD ST.

84 City Jacksonville

FL

85 Zip Code 32210

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 Vicki L. Pringle

SIGNATURE Vicki L. Pringle

1-18-99

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME PRINGLE, VICKI
STREET ADDRESS 8125 103RD ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE V
NAME RAMSEY, NICK
STREET ADDRESS 8125 103RD STREET
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8127 103rd Street
1.4 CITY-ST-ZIP Jacksonville, FL. 32210

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8127 103rd ST
2.4 CITY-ST-ZIP Jacksonville, FL. 32210

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

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.

SIGNATURE: Vicki L. Pringle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

(904) 771-7104

Daytime Phone #

CR2E034 (11/98)