

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90004 048 \*\*\*150.00

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 547720**

1. Corporation Name  
**S & C PLUMBING CO., INC.**

Principal Place of Business

15224 173RD ROAD  
MCALPIN FL 32062  
US

Mailing Address

15224 173RD ROAD  
MCALPIN FL 32062  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1977**

4. FEI Number

**59-1811941**

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS WAYMON W. JR.  
HWY 27 MAINE ST.  
P.O. BOX 297  
MAYO FL 32066

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | PD                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHATTLE, LAWRENCE   | 1.2 NAME  |   |
| STREET ADDRESS             | 15224 173RD RD       | 1.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MCALPIN FL           | 1.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | STD                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHATTLE, CLARICE M. | 2.2 NAME  |   |
| STREET ADDRESS             | 15224 173RD RD       | 2.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | MCALPIN FL           | 2.4 CITY-STATE-ZIP                                    |   |
| TITLE                      | VD                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CARTER, DANIEL R     | 3.2 NAME  |   |
| STREET ADDRESS             | 1452 MYRTLE AVE      | 3.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             | LIVE OAK FL 32060    | 3.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                      | 4.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                      | 5.4 CITY-STATE-ZIP                                    |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-STATE-ZIP             |                      | 6.4 CITY-STATE-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 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:

*Lawrence Schattle* LAWRENCE SCHATTLE

4/22/99

(404) 776-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)