

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 580452

(1)

1. Corporation Name

SALLAS PLUMBING COMPANY

Principal Place of Business

726 KING ST
JACKSONVILLE FL 32204

Mailing Address

726 KING ST
JACKSONVILLE FL 32204-3440

3. Date Incorporated or Qualified

07/27/1978

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-1834275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	SALLAS, VIRGINIA ST	
STREET ADDRESS	4634 YERKES ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SALLAS, J ROBERT	
STREET ADDRESS	4634 YERKES ST	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	P + TREASURER	<input type="checkbox"/> DELETE
NAME	SALLAS, J ROBERT, JR	
STREET ADDRESS	4744 SHIRLEY AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	ALICE A. SALLAS	
STREET ADDRESS	4744 Shirley Ave.	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	D SALLAS, J. Robert Jr.	<input type="checkbox"/> DELETE
NAME	4744 Shirley Ave.	
STREET ADDRESS	JACKSONVILLE, FL 32210	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V. Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alice A. SALLAS	
1.3 STREET ADDRESS	4744 Shirley Ave	
1.4 CITY-ST-ZIP	Jacksonville, FL 32210	
2.1 TITLE	D. J. Robert SALLAS JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4744 Shirley Ave	
2.3 STREET ADDRESS	Jacksonville, FL 32210	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
3.1 TITLE	PT J. Robert SALLAS JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4744 Shirley Ave	
3.3 STREET ADDRESS	JACKSONVILLE, FL 32210	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0030022

CR2E034 (9/96)