PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 598009 1. Corporation Name

FOSTER PLUMBING, INC.

1999

Mailing Address

Principal Place of Business

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90047 047 ***158.75

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2800 D WESTGATE AVE. WEST PALM BEACH FL 33409 :: WESTAPALM-BEACH-FL33409				DO NOT WRITE IN THIS SPACE		
	•				DO NOT WRITE IN THE 3. Date Incorporated or Qualifed	3 SFACE
Į					1 31	
					12/21/1978	<u> </u>
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-1873779	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		:.		5, Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible	
24	25	29	30		r crachar r reporty rux.	
	Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
				81 Name		
LITTELL, CHARLES W 222 LAKEVIEW AVENUE 4TH FLOOR 515 N. FLAGLER DR. STE 503			-	82 Street Address (P.O. Box Number is Not Acceptable)		
			}	83		
WES	T PALM BEACH FL 33401		L			
				84 City	<u>F1</u>	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the ab	ove-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	of changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change tons of Section 607.050	was autnorized 5. Florida Statu	by the corporati tes.	ion's board of directors. Thereby accept the appoint	Million as registered
	The later with and doops the bungan		-,			\$
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered /	Agent signature require	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELE		E		☐ Change ☐ Addition
NAME	· -		1.2 NAJ			
1	FOSTER, JAMES D.			REET ADDRESS		
STREET ADDRESS	6972 COUNTRY PLACE RD.					
CITY-ST-ZIP	WEST PALM BEACH FL 33411	☐ DELE		Y-ST-ZIP	<u> </u>	Change (Addition :
TITLE '	STD	C) DELE				
NAME	FOSTER, PAULETTE		2.2 NAI			
STREET ADDRESS	6972 COUNTRY PLACE RD.		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411			Y-ST-ZIP		
TITLE	•	☐ DELE	TE 3.1 ΤΠ	Æ		Change Addition
NAME .			3.2 NA	ME		
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TITLE		C DELE	TE 4.1 ππ	E \		☐ Change ☐ Addition
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TITLE		☐ DELE	TE 5.1 TIT	E		☐ Change ☐ Addition
NAME			5.2 NA	ME	•	
STREET ADDRESS	· · · · ·			REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELE	TE 6.1 TIT	LE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
UINEEI NUUNESS			64.01	Y-ST-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 chapted, or on an attachment with an address, with all other like empowered.