03-11-1999 90055 034 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 598028

 Corporation 	Name								
JOHNNY	JONES PLUMBING, INC.								
							1 (BECKER BEKER BEKER FERKE BEKER BEKER BEREK BER	ł	
								1	
Principal Place of Business Mailing Address						- 1 188181 \$1112 (ETR) (EN) GRACE (1981) (EN) GLAN STAN STAN STAN STAN STAN STAN STAN ST	•		
419 FERGUSON DR. 419 FERGERSON DRIVE									
ORLANDO FL 32805			ORLANDO FL 32805				. BO NOT MOITE IN THIS SPACE		
			US				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	į	
A Disciplinate A Disciplinate			2a. Mailing Address				12/21/1978 4. FEI Number Applied For	\dashv	
2. Principal Place of Business			<u> </u>				59-1864646 Not Applicat	le l	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional		
-			27				5. Certificate of Status Desired Fee Required		
22 City & State		- 21	City & State				6. Election Campaign Financing \$5.00 May Be	_	
_			28				Trust Fund Contribution Added to Fees	- 1	
Zip Country			Zip Cou				8. This corporation owes the current year Intangible		
24 25			30				Personal Property Tax.		
	9. Name and Address of Curre	nt Regis					10. Name and Address of New Registered Agent		
					81	Name	-		
JONES, JOHNNY				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
419 FERGUSON DRIVE					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
ORLANDO, FL					83				
32805							loc 7in Codo		
				-	84 City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.05	02 and 6	607.1508, Florida Statute	s, the ab	ove	-named corpo	pration submits this statement for the purpose of changing its registered	<u> </u>	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Flori	ida. Such change was at	uthorized	by I	tne corporation	n's board of directors. I hereby accept the appointment as registered	- 1	
	m lamiliar with, and accept the oblig	auons o	i, Section 007.0003, 1 lor	ida State	nes.	•	7.4	l	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					Agen	t signature required	when reinstating) DATE		
12.	OFFICERS A	ND DIRI	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		□ DELETE	1.1 TITLE			Change Add	tion	
NAME	JONES, JOHNNY G			1.2 NAME					
STREET ADDRESS	419 FERGUSON DRIVE			1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000			1.4 CITY-ST-ZI		r-ZIP			
TITLE			☐ DELETE	2.1 TITLE			☐ Change ☐ Add	tion	
NAME	221		2.2 NA	ME			- {		
STREET ADDRESS				2.3 STRE		ADDRESS		- 1	
CITY-ST-ZIP				2. 4 CIT		T-ZIP			
TITLE	☐ DELI		☐ DELETE	3.1 TITLE			☐ Change ☐ Add	tion	
NAME			3.2 N		ME				
STREET ADDRESS				3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. Cf	TY-S	T-ZIP				
TITLE	☐ DELETE 4.11		4.1 TIT	LE		☐ Change ☐ Add	ition		
NAME	4.3		4. 2 N	4. 2 NAME					
STREET ADDRESS				4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	4.4		4.4 CI	Y-\$1	T-ZIP				
TITLE			☐ DELETE	E 5.1 TITLE			☐ Change ☐ Add	tion	
NAME				5.2 NA	ME				
STREET ADDRESS				5.3 ST	REET	ADDRESS			
CITY-ST-ZIP				5.4 CITY- ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change Add	tion		
NAME				6.2 NA	MÉ			_	

CITY-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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS