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

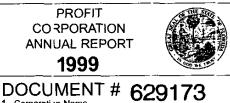
PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

SEBRING FL 33871-1764

US



FLORIDA DEPAFTMENT OF STATE

Katherine Harris

SEBRING FL 33871-764

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90180 043 ***150.00

3. Date Incorporated or Qualifed

HIGHLANDS PLUMBING CO	MPANY, INC.	
Principal Place of Business	Mailing Address	(100110 Gillé libie (dich)(dit (2000 Hit) andit albu albu albu andit andit
341 LEMON P.O.BOX 1764	341 LEMON P.O.BOX 1764	DO NOT WOITE IN THIS SPACE
CEDDING EL 20071 1764	CERRING EL 22071-764	DO NOT WRITE IN THIS SPACE

								07/10/	1979					
2. Principal P.	tace of Business		2a. Mailing Address					FEI Nur					A	ppl ed For
21		26				59-1922523						Not Applicable		
Suite, Ap:.	#, etc.		Suite, Apt. #, etc.				5	Certifica	te of Statu	e Desired		\$	_	Ad ditional ——
22			27					Certifica	to or Statu			-	Fee R	equired
City & State	e		City & State				6.	Election	Campaign	n Financing	, _		\$5.00	May Be
23		2	.8					Trust Fo	ind Contrib	oution			Added	to Fees
Zip	Count	У	Zip	Cou	intry		8.	This co	poration of	wes the cu	rrent yea			X-6.
24	25		29	30					l Property				Yes	No
	9. Name and Addr	ess of Current Re	gistered Agent		81	NI	10.	Name :	ind Addre	ss of New	Registe	reci Age	nt	
EHD	es, terry o				01	Name								_
	LEMON ST.				82 Street Address (P.O. Box Number is Not Acceptable)									
	RING FL 33870													
SED	MING FE 33070				83									ļ
					84	City						8	5 Zip	Cc de
<u> </u>					L.							<u>Fill</u> °	<u> </u>	
11. Pursuant	to the provisions of Secregistered agent, or both	ctions 607.0502 an	id 607.1508, Florida St Iorida, Such change w	tatules, the a	ibove d hv	e-named co	poration ation's bo	n submits pard of di	s this state: rectors. I h	ment for th nereby acc	e purposi ept the at	e of chai ppointme	nging its ent as re	s registered egistered
agent. a	m familiar with, and acc	ept the obligations	of, Section 607.0505	, Florida Stat	utes									1
SIGNATURE														
	Signature, typed or printed nair			NOTI Registered	Agen	t signature requ			NC (CLIANI	CES TO O	DATE		IDECT	OFS IN 12
12.	<u> </u>	DFFICERS ANE D	IRECTORS DELETI	13.	T. C		<i>-</i>	ADDITIC	NS/CHAIN	GES TO O	FFICERS		Change	Addition
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NAME	EURES, TERRY O			12 N										
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NAME	EURES, FERN			2.2 N										Í
STREET ADDRESS	341 LEMON ST		2.3			ADDRESS								
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NAME				3.2 N										
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NAME	}			6.2 N	AME									

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further sertify 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

TERRY D. EURES

CR2E034 (11/98)