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

PROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

GULF SHAMROCK PLUMBING, INC.

FILED Apr 14 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address									,., . .,., .,.	,,, 0,0,,,,,,,,	
4404 BOGGS			4404 BOGGS ST								
PORT CHARLE	OTTE FL 33948	PORT CH	PORT CHARLOTTE FL 33948				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualified				
	·						07/27/1979				
2. Principal Place of Business 2a, Mailing Address							4. FEI Number		1	Applied For	
21		26					59-1575749			Not Applicable	
Suite, Apt.	#. etc.		Suite, Apt. #, etc.					,		Additional	
22	., 0.0.	27					5. Certificate of Status Desired	J		Required	
City & State	3	City &	State				6, Election Campaign Financing		\$5 Of	May Be	
23		⊢ ¬ ′	28				Trust Fund Contribution	1		d to Fees	
Zip	Country	Zip		Count	try		8. This corporation owes or has paid th				
24	25	29		30			Personal Property Tax due June 30.			□ No	
 ,	9. Name and Address of Cur		igent	1001			10. Name and Address of New Regist	ered Ag	jent		
LIA	USMAN, ALBERT			6	ii	Name					
	4 BOGGS ST			L	_						
				8	12	Street Ad	ddress (P.O. Box Number is Not Acceptable)				
PO	RT CHARLOTTE FL 33948			A	3						
				اً ا	٦						
				8	4	City		FL	85 Zip	Code	
		2000 1003 44 04		4 1111 -						72-1-1-1-1-1	
11. Pursuant office or r	to the provisions of Sections 607.0 eaistered agent, or both, in the St	บรบ2 and 607.1508 atu of Florida. Suc	s, Florida Statu In change was	ites, the abo authorized	bve bv	-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	ose of c e appoi	nanging ntment a	its registered	
agent La	m familiar with, and accept the ob	oligations of, Section	on 607.0505, F	lorida Statut	tes		, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE											
	Signature, typed or printed name of registered		ble (NO		Agen	nt signature rec		ATE			
12.		AND DIRECTORS	TT per ere	13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	Ρ		DELETE	1.1 TITLE				L.	Change	Addition	
NAME	HAUSMAN, ALBERT			1.2 NAM	E						
STREET ADDRESS	4404 BOGGS ST			1.3 STRE	EET /	ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL			1.4 CITY	- ST	i-ZIP					
TITLE	S		DELETE	2 1 TITLE	E			L	_ Change	Addition	
	MAUSMAN, CAROL			2.2 NAM	ΙE	1					
STREET ADDRESS	4404 BOGGS STREET			2.3 STRE	EET /	ADDRESS					
CATY-ST-ZIP	PORT CHARLOTTE FL			2.4 CITY	Y - S1	T- ZIP					
TITLE			DELETE	3.1 TITLE	E				Change	Addition	
NAME				3.2 NAM	ŧΕ						
STREET ADDRESS				3.3 STRE	EET A	ADDRESS					
CITY-ST-ZIP				3.4. CITY							
TITLE	•		DELETE	4.1 TITLE					Change	Addition	
NAME			_	4. 2 NAN					•	ļ	
STREET ADDRESS						ADDRESS				i	
			-			1					
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5.1 TITLE		- 211"			Change	Addition	
			tral petric			i			_ onlinge		
NAME				5.2 NAM							
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP			T per see	5.4 CITY		- ZIP	···		1 00		
TITLE			DELETE	6.1 TITLE	E			L	Change	Addition	
NAME				6.2 NAM	ΙE						
STREET ADDRESS				6.3 STRE	EET A	ADDRESS					
CITY-S1-ZIP				6.4 CITY	- ST	I - ZIP					
				 							

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.