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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 633633

(3)

OSBORN PLUMBING, INC.						 	10 HILLER (1111 6 HILL)	1111 242 11 216 11	1 4 (0) 1 4 (1) 1 1 1 1	RITH INTO		
Principa: Place of Business 1340 STANLEY STREET LONGWOOD FL 32750			Mailing Address 1340 STANLEY STREET LONGWOOD FL 32750-7511									
								08/24/19		J .	ate of Last R /12/1996	eport
2. Principal Pla	ace of Business		2a. Mailing	Address				4. FEI Numbe			ş	plied For
21] Suite, Apt. ≢			26 State A	Apt. #, etc.				59-194	1039		\$8.75 /	t Applicable
22	1, t.x		27	φα. <i>σ</i> ₁ 0 10.				5. Certificate	of Status Desired		Fee Re	
Caty & State			City & S	State				6. Election Ca	mpaign Financing	·	\$5.00	May Ba
3			28						Contribution		Added	
Ζιρ	Соц	ntry	Zip		Coun	ilry			ration has liability fo			199.032,
4	25		29		30			Florida Sta	Address of New F	X Yes		
	9. Name and Ad	oress of Current	Hegistered A	geni		B1 N	Name	IU. Name and	Address of New P	registered	Agent	
	ORN, GLENN STANLEY STREE											*************
	GWOOD FL 3275				8	82 S	Street Ad	ldress (P.O. Box Nu	mber is Not Accept	able}		
LON	GHOOD FL 3213	U			8	B3						
					3	84] (City			FL	85 Zip i	Code
11. Pursuant l	o the provisions of S	ections 607.0502	and 607.1508	, Florida State	ites, the abo	ove-n	amed co	orporation submits th	is statement for the	purpose o	pointment on	coolabarad
SIGNATURE	o the provisions of S og stored agent or b of fan har with, and a signeric typelogy dear	anne of majeriere tragent	and title if applicable		OTE: Registered /			quired when reinstating)		DATE		
SIGNATURE	Signatura, typad or persileon		and title if applicable	le (NC	OTE: Registered /	Agent s		quired when reinstating)	is statement for the octors. I hereby acc	DATE	D DIRECTOR	S IN 12
SIGNATURE 10.F	Signatus, typed or pendican	ane of registered agent	and title if applicable		13.	Agent s		quired when reinstating)		DATE		
SIGNATURE 12. 10.F	PD OSBORN, GLEN	one of representation OFFICERS AND	and title if applicable	le (NC	13. 1 1 Titl 1.2 NAM	Agent si E	ignature roc	quired when reinstating)		DATE	D DIRECTOR	S IN 12
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SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-24-97 107-831-0345

FILED

Mar 27 1997 8:00am

Secretary of State