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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **636468**

1. Corporation Name

SUNSHINE PLUMBING & IRRIGATION SYSTEMS, INC.

	•									
Principal Place of Business Mailing Address								#31 #1414 1)
125 FISHER AVE.		125 FISHER AVE.	125 FISHER AVE.							
P.O. BOX 6296		P.O. BOX 6296	P.O. BOX 6296			DO NOT WRITE IN THE SPACE				
TITU\$VILLE FL 32782-6296		TITUSVILLE FL 32782-62	TITUSVILLE FL 32782-6296			DO NOT WRITE IN THIS SPACE 3. Date Incomprated or Qualifed				
						09/18/1979	1			
2 Dringing O	Isos of Business	2a. Mailing Address				4. FEI Number		T	Appl	ied For
1	face of Business	26. Walling Address				59-1931093		<u> </u>	- ` `	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.		ditional
22		27				5. Certificate of Status Desired		Fe	e Reqi	uired
City & Stat	ie	City & State				6. Election Campaign Financing		- \$5.	00 м	ay Be ~
23	••	28	•			Trust Fund Contribution		Ad	ded to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cu	rrent year Inte	angible		
24	25	29	30			Personal Property Tax.		Yes		3No
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New	Registered	Agent		
1100	NATU MOLATI			81	Name	·				
	IVATH, MICHAEL			82	Street Add	iress (P.O. Box Number is Not Accep	table)			
	BELL TERR.									
IIIO	SVILLE FL 32780			83						
				84	City	-		85	Zip Co	de
					,		_ FL	بلل		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Sta	tutes, the al	DOVE-I	named corp	poration submits this statement for the	e puipose oi ent the appoir	cnangin stment a	ıs redi:	egistered stered
office or t	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was	s authorized	by th	named corporati	poration submits this statement for the ion's board of directors. I hereby acco	ept the appoir	eriangin etment a	ıs regi:	egistered stered
office or r agent. I a	registered agent, or both, in the State.	of Florida. Such change was itions of, Section 607.0505, 1	s authorized Florida Stati	i by th utes.	ne corporati	ion's board of directors. I nereby acci	ept the appoi	etment a	as regi:	egistered stered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change wat attorns of, Section 607.0505, 1 ont and title if applicable.	s authorized lorida Statu DTE: Registered	i by th utes.	ne corporati	non's board of directors. I hereby accu	DATE	mient a		stered
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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 truetee employered 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 agree, and other just empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 1

CITY-ST-ZIP

407.269.3053