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 #

SAM JOHLEVIS DI HARRING INC

(3)

FILED

Jan 27 1998 8:00am

Secretary of State

SAW 5	OLLET 3 FLUMBING, INC.	•			
Principal Plac	e of Business	Mailing Address			HANY MAKATA DITATA DITATA DITATA TATAN
55 N.W. 1ST AVENUE DANIA FL 33004		55 N.W. 1ST AVENUE Dania FL 33004		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified	3 617/62
]				10/22/1979	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1947852	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Commodia di Cidada Dasired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible X Yes No
== 1	g, Name and Address of Curre		[30]	10. Name and Address of New Registered	
JOLLEY, SAMUEL E. 81 Name					•
55 N.W. 1 AVENUE			82 Street Addr	roop (D.O. Day Nambay is Not Assessed 1)	
DANIA FL 33004			02 Street Addi	ress (P.O. Box Number is Not Acceptable)	
			83	,	
			84 City		les Zin Codo
				FI	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
40	Signature, typed or printed name of registered as		E: Registered Agent signature require		
12. TITLE	PD OFFICERS AI	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
NAME	JOLLEY, SAMUEL E		1.2 NAME		C clarge C Addition
STREET ADDRESS	55 N.W. 1 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		1.4 CITY-ST-ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	JOLLEY, RUTH A		2.2 NAME		
STREET ADDRESS	55 N.W. 1 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		2. 4 CITY-ST-ZIP		•
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	ì		3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		☐ DELET E	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Doctor	4.4 CHY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME OVEREST ARRESTOR			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CiTY - ST - ZiP		Change Laduate
NAME			6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
1			6.3 STREET ADDRESS	·	
CITY-ST-ZIP		20. 41 . 42	6.4 CITY-ST-ZIP	0	

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 chapter 607, or on an attachment with an address.