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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

657793

(6)

FILED Apr 21 1998 8:00am Secretary of State

ROBE	RTS PLUMBING CONTRAC	TORS, INC.				
Principal Plac	on of Rusiness	Mailing Address				
Principal Place of Business Mailing Address 917 FRANCIS STREET 917 FRANCIS STREET KEY WEST FL 33040 KEY WEST FL 33040					·	
					DO NOT WRITE IN T	HIS SPACE
İ					3. Date Incorporated or Qualified	
A Dringing of F	Discoul Discoul		-		03/03/1980	
		2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, otc.			59-2108916	Not Applicable \$8.75 Additional
22 27		···			5. Certificate of Status Desired	Fee Regulred
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
}		28			Trust Fund Contribution	Added to Fees
Žip			Country		8. This corporation owes or has paid the	e current year Intangible
24	25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent
	OBERTS, IDA H		81	Name		
917 FRANCES ST			82	82 Street Address (P.O. Box Number is Not Acceptable)		
KEY WEST FL 33040						
]			83			
ĺ			84	City		85 Zip Code
						FL 85 Zip Code
11. Pursuant office or	to the provisions of Sections 607-05 registered agent, or both, in the State	02 and 607.1508, Florida Statul c of Florida. Such change was	es, the above- authorized by t	named corporati	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a	am familiar with, and accept the oblig	galions of, Section 607.0505, Fl	orida Statutes.			,,,
SIGNATURE			E Registered Agent		ed when reinsisting) DA	
12.	Signature, typed or printed narror of rupe ferrid as OFFICERS AN	VD DIRECTORS	13.	: signa:ore require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	CVP	DELETE	1.1 THLE		ABBITION OF TAILORD	Change Addition
NAME	ROBERTS, M. EMIL		1.2 NAME	1		
STREET ADDRESS	917 FRANCIS ST.		1.3 STREET A	DDRESS]{
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-S1-	- ZIP		إ
TITLE	PD	DELETE	2.1 THILE			Change Addition
NAME	ROBERTS, IDA H		2.2 NAME			
STREET ADDRESS	917 FRANCIS ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL		2.4 CHY-ST-ZIP			
TITLE	ST	DETEAE	3.1 TITLE			Change Addition
NAME	STEPHENS, CAROL L		3.2 NAME			
STREET ADDRESS	917 FRANCES STREET		3 3 STREET ADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 THLE	v/	D	Change K Addition
NAME			4. 2 NAME	Al	an E. Roberts	
STREET ADDRESS			4.3 STREET A	DURESS 91	7 Frances Street	
CITY-ST-ZIP		Ditter	4.4 CITY - ST -		y West, FL 33040	Change Addition
TITLE		☐ DELETE	5.1 TITLE	0	2	Change Addition
NAME OVERT ARROSEOS			5.2 NAMI	DDOLOG		
STREET ADDRESS			5.3 STREET A	Į.		
CITY-ST-ZIP		DELETE	5.4 CITY-ST- 6.1 TITLE	· ZIP		Change Addition
NAME		e perese	6.2 NAME			T Suprige T required
STREET ADDRESS			6.3 STREET A	DOBECS		
CITY-ST-ZIP			6.4 CITY- ST-			
			■ 0.7 UIII - UI			,

14. Thereby 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.

Carol L. Stephens Sec/Tres 4-14-98

305-294-4663