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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674460

GULF TO BAY PLUMBING, INC.

Principal Place of Business

Mailing Address

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90007 023 ***150.00



Principal Plac	e of business	Mailing Address							
6079 CLARK C SARAŞOTA FL	ENTER AVENUE 34238	6079 CLARK CENTER AVENUE SARASOTA FL 34238							
						DO NOT W	RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife	∍d		
						07/01/1980			1
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		T A	pplied For
21	•	26	-			59-2006115			ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						Additional
22		27				5. Certifcate of Status Desired	. ' 🗆 ,		equired
City & Stat	te ·	City & State				0.51-11-0-0-1-15-5			
		⊢ •				6. Election Campaign Financin	g 🗆		May Be
Zip	Country	Zip	Cau	intry		Trust Fund Contribution			to Fees
—				ariu y		8. This corporation owes the co	urrent year in		
24	25	29 .	30	F		Personal Property Tax.	- <u>-</u>	Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of Nev	v Registered	Agent	
1144	STATES OF THE ST			81	Name				
	L, KENNETH E			82	Street Addr	ress (P.O. Box Number is Not Acce	ntahle)		
	9 CLARK CENTER AVENUE				Oli COL Madi	COS (1 .C. DOX HAMBOT IS NOT ACCC	ptabley		•
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				84	City	1. 1.31 A.M. NA J. FLAN. 245 A	FL	85 Zip	Cödé de de
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove	-named corp	oration submits this statement for the	ne purpose of	changing its	registered
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	authorized orida Stati	d by t utes.	the corporation	on's board of directors. I hereby acc	ept the appo	intment as re	egistered
SIGNATURE	•								٠.
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered	Agent	t signature require	d when reinstating);	DATE		j. e. e.
12.	Signature, typed or printed name of registered agent OFFICERS AND	DIRECTORS	E: Registered	Agent	t signature require	d when reinstating); (()) () ADDITIONS/CHANGES TO (ID DIRECTO	DRS IN 12
12. πιε					t signature require	ADDITIONS/CHANGES TO C		ND DIRECTO	DRS IN 12
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14. I hereby certify that the information sypplied with this filling 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 697. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-931-4191

CR2E034 (1