

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90121 001 ***150.00

DOCUMENT # 689260

1. Corporation Name
TEARE PLUMBING SUPPLY, INC.



Principal Place of Business
527 BALLOUGH ROAD
DAYTONA BEACH FL 32114

Mailing Address
527 BALLOUGH ROAD
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Incorporated or Qualified

09/26/1980

4. FEI Number

59-1882073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTERNDORF, RICHARD J.
421 N.WILD OLIVE AVE.
DAYTONA BEACH FL 32018

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME FORTIN, M A
STREET ADDRESS 1625 PALMER DR
CITY-ST-ZIP ORMOND BCH FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME DIANO, V.G.
1.3 STREET ADDRESS 1007 TOMPKINS DR
1.4 CITY-ST-ZIP FORT ORANGE, FL.

TITLE S ☐ DELETE
NAME FORTIN, C R
STREET ADDRESS 1625 PALMER DR
CITY-ST-ZIP ORMOND BCH FL

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME DIANO, R.W.
2.3 STREET ADDRESS 1007 TOMPKINS DR.
2.4 CITY-ST-ZIP PORT ORANGE, FL.

TITLE T ☐ DELETE
NAME DIANO, R W
STREET ADDRESS 1007 TOMPKINS DR
CITY-ST-ZIP PT ORANGE FL

3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME FORTIN, M.A.
3.3 STREET ADDRESS 1625 PALMER DR
3.4 CITY-ST-ZIP ORMOND BEACH, FL.

TITLE VP ☐ DELETE
NAME DIANO, V G
STREET ADDRESS 1007 TOMPKINS DR
CITY-ST-ZIP PT ORANGE FL

4.1 TITLE VP ☒ Change ☐ Addition
4.2 NAME FORTIN, C.R.
4.3 STREET ADDRESS 1625 PALMER DR
4.4 CITY-ST-ZIP ORMOND BEACH, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Verian Lewis (Mr.) April 12/99 904-252-1322
Date Daytime Phone #

CR2E034 (11/98)