Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90007 002 ***150.00

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

DOCUMENT # F12266

1. Corporation Name

LAKESID	e Plumbing, inc.										61611 81811 81811 8 81811 81811 81811 8	
Principal Place	e of Business	Ma	iling Address								AISH BIBN BIBN B	INIT NAME (NAME)
103 DOUGLAS RD E 103 DOUGLAS RD E												
D									20 110711171			
OLDSMAR FL 34677 OLDSMAR FL 34677								DO NOT WRITE IN THIS SPACE				
U\$		US							Date Incorporated or Qualifed		•	
2 0-1-1-10	(120	Mailing Address						12/19/1980 FEI Number			plied For
	lace of Business		Mailing Address						59-2046687			Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc				-		33 2040001		\$8.75 A	
22	m, etc.	27	Odito, 1 pt. 11, 010				i	5.	Certifcate of Status Desired		Fee Re	
City & State			City & State					6.	Election Campaign Financing		\$5.00	May Be
23		28							Trust Fund Contribution		Added to	
Zip	Country		Zip		Country	/		8.	This corporation owes the curr	ent year li	ntangible	
24	25	29		30					Personal Property Tax.			□No
•	9. Name and Address of Curr	ent Regist	tered Agent			1		10.	Name and Address of New I	Registered	l Agent	
VEA	OLED DANIEL I				81	Name						
YEAGLER, DANIEL J					82	Street /	Addres	s (P.	O_Box Number is Not Accept	able)		
1881 SYLVAN DR CLEARWATER FL 34615							23		<u>E. Beck S</u>	<u>+</u>		
CLE	AUMAIEU LE 24013				83	1				•		
					84						85 Zip C	ode
									<u>rness</u>	<u>F</u> I	344	150
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florid	a. Such change v	as author	zed by	the corpo	corpora ration's	ation s boa	submits this statement for the ard of directors. I hereby acce	purpose of the appo	or changing its pintment as reg	registered , gistered
SIGNATURE										D-75		
	Signature, typed or printed name of registered a OFFICERS		•••	(NOTE: Regis	ered Age	nt signature re	w beniupe		instating) DDITIONS/CHANGES TO OF	DATE EICERS A	ND DIRECTO	RS IN 12
12.	S	AND DIKE	☐ DELET		1 TITLE			_^	DETTIONS/CHANCES TO ST	I IOEKO A	Change	Addition
	YEAGLER, DANIEL J		_ 52221		2 NAME						د د کیم	
NAME	1881 SYLVAN DR					TADDRESS	37	<i>'</i> ⊃:	3 E. Beck St			
STREET ADDRESS	CLEARWATER, FL 00000				4 CITY-S			711	erness, FL	344	150	
CITY-ST-ZIP TITLE	PD		☐ DELET		1 TITLE	77-21	<u> </u>	700	C/ / ~ C		Change	Addition
NAME	DOWNING, CHARLES T				2 NAME				r			
STREET ADDRESS	278 MAPLE AVENUE					T ADDRESS						
CITY-ST-ZIP	PALM HARBOR FL				4 CITY-							
TITLE	77437777777		☐ DELET		1 TITLE						☐ Change	☐ Addition
NAME				3	2 NAME							
STREET ADDRESS				3	3 STREE	T ADDRESS						\
CITY-ST-ZIP				3	4. CITY-	ST-ZIP						
TITLE	-		☐ DELET	E 4	1 TITLE						☐ Change	Addition
NAME				4	2 NAME							
STREET ADDRESS				4	3 STREE	TADDRESS						
CITY-ST-ZIP				4	4 CITY-S	ST-ZIP						
TITLE			☐ DELET	E 5	1 TITLE						☐ Change	☐ Addition
NAME				5	2 NAME							
STREET ADDRESS				5	3 STREE	T ADDRESS						
CITY-ST-ZIP					4 CITY-S	ST-ZIP						
TITLE			☐ DELET	Ε 6	1 TITLE						Change	Addition
				_		I					onange	
NAME			C Dece	6	2 NAME							_

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.

6.4 CITY-ST-ZIP

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR