

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  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90090 034 \*\*\*150.00

DOCUMENT # F86192

1. Corporation Name

BLOUNT PLUMBING, INC.

Principal Place of Business  
760 S.E. 22ND AVE.  
POMPANO BEACH FL 33062

Mailing Address  
760 S.E. 22ND AVE.  
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1982

4. FEI Number  
59-2201059

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

2. Principal Place of Business  
112 NE 3rd Street  
Suite, Apt. #, etc.

2a. Mailing Address  
Blount Plumbing  
Suite, Apt. #, etc.  
112 NE 3rd Street

23. City & State  
Pompano Beach FL  
24. Zip  
33060  
25. Country  
USA

27. City & State  
Pompano Beach FL  
29. Zip  
33060  
30. Country  
USA

9. Name and Address of Current Registered Agent

BLOUNT, C D  
760 S.E. 22ND AVE.  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81. Name

Address only

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

2841 NE 48th Street

83.

84. City

Light House Pt FL

85. Zip Code

33064

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
BLOUNT, C. D.  
760 S.E. 22ND AVE.  
POMPANO BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BLOUNT, PAMELA ANN  
760 S.E. 22ND AVE.  
POMPANO BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP



Address only  
Mr. Charles Blount  
2841 NE 48th St  
Light House Point, FL 33064

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Address only  
2841 NE 48th Street  
Light House Pt FL 33064

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

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

ADDITIONAL CHANGES IN 12

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

Pamela Ann Blount

3-9-99

954-785-3566

Date

Daytime Phone #

CR2E034 (11/98)

0157078