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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

CAMPBELL PLUMBING, INC.

| Principal Place of Busine | 3 |
|---------------------------|---|
| 3216 15TH STREET E | |
| RRADENTON EL 34208 | |

FILED Jan 27 1998 8:00am Secretary of State



| Principal Plac | e or business | Maning Address | | | | | | |
|---|--|--|------------------------------|----------------|--------------------|---|---|---------------------------------------|
| 3216 15TH STREET E 3216 15TH STREET E | | | | | | | | |
| BRADENTON FL 34208 BRADENTON FL 34208 | | | | | | DO NOT WRITE IN THIS S | DACE | |
| | | | | | - | 3. Date Incorporated or Qualified | »: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| ŀ | | | | | | | | |
| | | | | | | 07/18/1983 | · · · · · · · · · · · · · · · · · · · | |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | pplied For |
| 21 26 | | | | | | 59-2322060 | | ot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired | | Additional |
| 22 27 | | | | | | | | equired |
| City & State City & State | | | | | | 6. Election Campaign Financing | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | Country | , | | 8. This corporation owes or has paid the cur- | | |
| 24 | 25 | | 30 | | | | | No |
| | Name and Address of Curren | Registered Agent | | | | Name and Address of New Registered A | Agent | |
| CA | MPBELL, MARY K. | | 81 | Na | ame | | | |
| | 16 15TH STREET, E. | | 82 | Str | reat Address | (P.O. Box Number is Not Acceptable) | | · · · · · · · · · · · · · · · · · · · |
| | ADENTON FL 34208 | | 02 | 311 | icet Vadiess | (i.o. box Number is Not Not Seeplasto) | | |
| D., | ADDITION 12 04200 | | 83 | | | | | |
| İ | | | | | | | | |
| | | | 84 | Cit | ity | FI | 85 Zip | Code |
| | | | | <u></u> | | | obeneles i | ta roatotoroa |
| 11. Pursuant | to the provisions of Sections 607.0502 registered agent, or both. In the State | : and 607.1508, Florida Statute of Florida. Such change was a | s, the above uthorized by | e-nar / the | med corpora | 's board of directors. I hereby accept the app | ointment as | registered |
| agent. I a | m familiar with, and accept the obliga | tions of, Section 607.0505, Flor | rida Statutes | 3. | | ation submits this statement for the purpose of is board of directors. I hereby accept the app | | |
| SIGNATURE | | | | | | | | |
| SIGITATION L | Signature, typed or printed name of registered ager | t and title if applicable. (NOTE: | Registered Age | ant sigi | gnature required w | | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | PVD | DELETE | 1.1 TITLE | | | | Change | Addition |
| NAME | CAMPBELL, LAWRENCE J. | | 1,2 NAME | | | | | |
| STREET ADDRESS | 3216 15TH STREET E | | 1,3 STREET | ADDR | RESS | | | |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY - S | T-ZP | ۱ ، | | | |
| TITLE | STD | ☐ DELETE | 2,1 TITLE | | | | Change | Addition |
| NAME | CAMPBELL, MARY KATHLEEN | _ | 2.2 NAME | | 1 | | | |
| _ | 3216 15TH STREET E | | 2.3 STREET | , vu uu | DEDO | | | |
| STREET ADDRESS | | | 1 | | 1 | | | |
| CITY-ST-ZIP | BRADENTON FL | Y DELETE | 2. 4 CITY - : | ST-ZIP | <u> </u> | | Change | Addition |
| TITLE _ | .V | ₩ pereis | 3.1 TITLE | | - 1 | | L.I Orlange | |
| NAME | CAMPBELL, GEORGE W. | A / | 3.2 NAME | | | | | |
| STREET ADDRESS | 3216 15TH ST., E | | 3.3 STREET | ADDR | RESS | | | ļ |
| CITY - ST - ZIP | BRADENTON FL | | 3.4. CITY - 9 | ST-ZIF | Р | | | 1 4 4 4 14 1 |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDR | RESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - S | ST-ZIP | , | | | |
| TITLE | | ☐ DELETE . | 5.1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | מחחג | RESS | | | |
| | | | | | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY - S | 51 - ZiP | | | Change | Addition |
| TITLE | | | 6.1 TITLE | | | | — Onange | rodicon |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDA | HESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY - S | | | | | |
| | Alternative to the second seco | the state of the s | the evene | tion. | stated in Co. | ction 119 07(3)(i). Florida Statutes, Lifurther ce | etific that the | a information |

Increay certify that the information supplied with this hing coes not qualify for the exemption stated in Section 119.07(3)(), Fiorida 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

941-748.6094