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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # G54850

1. Corporation Name

DAVID GRAY PLUMPING INCORPORATE

(4)

| Principal Place of Business Mailing Address 1424 WHITLOCK AVE 1424 WHITLOCK VE P.O. BOX 11303, N/A P.O. BOX 11303, N/A JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 | | | | 5 | | | | | | |
|---|--|----------------------------|---------------------|---|---|--|--------------------------------------|----------------------------|-----------------------------------|-------------|
| US | | US | U\$ | | | 3. Date Incorporated or Qualified 08/18/1983 | d 3a. Date of Last Report 01/29/1996 | | | |
| 2. Principal PI | ace of Business | 28. Mailing Address 26 | | | 4. FET Number 59-2480329 | | | Applied For Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. # | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | | 75 Addition e Required | · |
| City & State |) | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be | |
| Zip 24 | p Country 7tp | | | Country | | This corporation has liability for intangible tax under s. 199.032 Horida Statutos | | | | 32, |
| | 9. Name and Address of Cu | rrent Registered Agent | 30 | | | 10. Name and Address of New R | egistered | Agent | | |
| GR | AY, DAVID F | | | 81 | Namo | | | | | |
| 604 MATHIS ROAD | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| JACKSONVILLE FL 32211 | | | | Sirest Address (F.O. Box Normber is Not Acceptable) | | | | | | |
| | | | | 83 | | | | | | |
| | | | | 84 | City | | | 85 | Zip Code | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | FL | . | | |
| agent. I ar SIGNATURE | to the provisions of Sections 607 egistered agent, or both, in the S materials with, and accept the constant of the constant | bligations of, Section 607 | '.0505, Florida | Statutes | | poration submits this statement for the tion's board of directors. I hereby acce | purpose of | r changii ioiritmen | ng its register It as register | ered red |
| 12. | | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFF | CERS AND | DIREC | TORS IN 12 | > |
| TITLE | PD | ☐ DELETE | | 1,1 TITLE | | | | | nge 🔲 Ad | Idition |
| NAME | GRAY, DAVID | | Į. | 1.2 NAME | | | | | | |
| STREET ADDRESS | 604 MATHIS RD | | | 1.3 S1RH 1 | ADDRESS | | | | | |
| CITY-ST-ZIP | _ | ACKSONVILLE, FL 00000 | | 1.4 Crty- ST- ZIP | | | | | | |
| TETLE | ODAY OUGAN | | ELETE : | 2.1 TITLE | 0 | | | Char | nge 📙 Ada | dition |
| NAME | GRAY, SUSAN | | | 2.2 NAME | G | -RAY, 605AN | • | • | | |
| | | | 2.3 STRELT | ADDRESS 13 | OF QUEEN'S ISLAND CT. | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 0000 | | | 2_4 CITY - S | 1-7IP | ACKSONUILLE PC | _ 0 | 223 | L U | |
| THE | | | ELETE . | 2.1 100 0 | 10 | == • | | Char | nne Ad | dition |

CITY - ST - ZIP 6.4 CITY - \$1 - ZIP 14. I do 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 eath, 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 illichanged, or on an attriction with an address.

3.2 NAME

4.1 1014

4.2 NAME

5.1 1/HE

5.2 NAME

61 HILF

6.2 NAME

3.3 STREET ADDRESS

4.9 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY - ST- ZIP

4.4 C/TY - ST - 7/P

3.4 CITY+S1-7IP

NAME

TITLE

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Secretary of State

Jul 16 1997 8:00am