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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

1999

DOCUMENT # **G63688** HILL'S QUALITY PLUMBING, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State **Katherine Harris** DIVISION OF CORPORATIONS

03-10-1999 90250 047 \*\*\*150.00



Principal Place of Business Mailing Address							41811 81811 81	1811 61511 1881
1609 RIDGEWOOD AVENUE P. O. BOX 250801 HOLLY HILL FL 32117-1733 HOLLY HILL FL 32125-9998						DO NOT WRITE IN THIS SI	PACE	
us Us						3. Date Incorporated or Qualifed		
						10/01/1983		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	AD:	plied For
	ricipal Frace of Business 2a. Welling Audiess					59-2354014	_ <del>                                    </del>	t Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.							\$8.75 A	· · · · · · · · · · · · · · · · · · ·
22	27					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 t	•
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intan	<u></u>	_
24	25 29 30					Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Ag	jent	
OLUT	THE HODACE ID			81	Name			
SMITH, HORACE,JR. 444 SEABREEZE BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
DAYTONA BEACH FL 32118				83				
DAI	TOTA BEACTITE 32110			03				
				84	City	FL	85 Zip C	Code
ļ		500 and 607 4509 Florida Statutos	tho ob		named corne	pration submits this statement for the purpose of ch	anging its	registered
office or r	registered agent, or both, in the State	e of Florida. Such change was auti	norized	by th	ne corporation	n's board of directors. I hereby accept the appointr	nent as re	gistered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, Florid	a Statu	tes.				
SIGNATURE						when reinstating) DATE		
40	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE: RI	13.	Agent s	egnature required	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
12. TITLE	DJP	□ DELETÉ	1,1 TITL	. ——			Change	Addition
	HILL, RICHARD L		1.2 NA					
NAME	LA LA LINE ATTEMPT			1.3 STREET ADDRESS				
STREET ADDRESS	DAYTONA BCH, FL 00000		1.4 CIT			3:	2117	ļ
CITY-ST-ZIP TITLE	DATTONA BOT, PL 00000	DELETE	2.1 TITL		ZIF		Change	Addition
	HILL, BARBARA		2.2 NA					1
NAME	1				DDRESS			
STREET ADDRESS			2.3 STR			3	2117	-
CITY-ST-ZIP TITLE	DAYTONA BCH FL	☐ DELETE	3.1 TITI		ZIF		Change	☐ Addition
			3.2 NA					
NAME					DORESS			
STREET ADDRESS					+			
CITY-ST-ZIP			3.4. CIT 4.1 TIT		ur .		Change	Addition
		C 2-1-1-1	4. 2 NA				. •	
NAME					DDRESS	•		
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CIT		Zir'		Change	Addition
TITLE			5.2 NAI					ŀ
NAME					DDRESS			
STREET ADDRESS			5.4 CIT		1			
CITY-ST-ZIP		☐ DELETE	6.1 TITI		-		Change	Addition
TITLE		_ 522210	6 2 NA		1		_	_
NAME					DORESS			
STREET ADDRESS	1		0.3 317		710			

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 a attachment with an address, with an other like empowered.

SIGNATURE:(\)

904-672-4181