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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90050 017 ***150.00

DOCUMENT # G85889

WARLOCK'S PLUMBING, INC.

Principal Place of Business		Mailing Address					
1335 BENNET DR.		126 DES PINAR LANE	126 DES PINAR LANE				
SUITE 147		P.O. BOX 520942			DO NOT WRITE IN TH	LESPACE	
LONGWOOD FL	32750	LONGWOOD FL 32750-2774			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 02/22/1984		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	pl ed For
21	300 01 0000000	26	26		59-2393490	No	t Applicable
Suite, Apt. #, etc.		_ +	Suite, Apt. #, etc.			\$8.75	Additional
22		<u> </u>	27		5. Certificate of Status Desired	Fee Re	equired
City & State		_ +	City & State		6. Election Campaign Financing	\$5.00	Nav Be
├ ─		<u>⊢¬</u> ′	28		Trust F and Contribution	Added 1	
Zip Coun ry			Zip Country		8. This co poration owes the current year	ntangible	
	25 29 30		\neg	,	Personal Property Tax.	Yes	Mo
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registere	1 Agent	
	9. Name and Address of Cure	The registered Agent	8	Name			
WAR	LOCK, ROGER		Ĺ				
	DES PINAR LANE		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32750			8:				
			84			. 85 Zip (Corde
				ļ	F		
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abor	e-named co	crporation submits this statement for the purpose	of changing its	registered
office crre agent. ⊢ar	egistered agent, or bo h, in the State n familiar with, and accept the oblig	e of Florida. Such change was auti jations of, Section 607.0505, Florid	la Statute	s.	ation's board of (lirectors, I hereby accept the app	Olikineni as to	9 310100
SIGNATUFE					uired when reinstating) DATE.		
	Signature, typed or printed name of registered ag		13.	ent signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IRS IN 12
12.		NI) DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERO	Change	Addition
TITLE	VS	Detere	2	- 1			
NAME	11/4120013 011/41011		12 NAME	1			
STREET ADDRESS	126 DES PINAR LANE			ET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-	ST-ZIP		Choose	Addition
TITLE	S	☐ DELETE	2.1 TITLE			Change	
NAME	WARLOCK, SHARON		2,2 NAME				ı
STREET ADDRESS	126 DES PINAR LANE		2.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP	LONGWOOD FL 2.44		2, 4 CITY	ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAM				1
STREET ADDR ISS			33 STRE	ET ADDRESS			
CITY-ST-ZIP			3,4. CITY				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME		_	4, 2 NAMI	i			
STREET ADDRESS			1	ET ADDRESS			
1			4.4 CITY-	J			}
CITY-ST-ZIP			5.1 TITLE			Change	Addition
TITLE		<u> </u>	5.1 MILE				
NAME				ET ADDRESS			
STREET ADDFESS							
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE			Change	Addition
TITLE		☐ DELETE		ļ		☐ change	☐ YOURDII
NAME			62 NAME	1			
STREET ADDF ESS			6.3 STRE	ET ADDRESS			

14. There by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.(1/3)(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 neguired 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:

332-8071

CR2E034 (11/98)