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**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # GQ5258



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90207 007 \*\*\*158.75

1. Corporatio				]			
MINE M	CCORD PLUMBING, INCOF	TPURATED			L 1885im maia (Alas Brita Isaa) artik läi	4180 BIBN 4180 I	- EINII GIBII AIGII INGI
Principal Plac	e of Business	Mailing Address				F BEEFE GLOUI GESTE I	
•		C/O MICHAEL F. MCCORD					
		1433 EAST PINE ROAD					
NOKOMIS FL 34275		NOKOMIS FL 34275		L	DO NOT WRITE IN THIS SPACE		
				ĺ	<ol> <li>Date Incorporated or Qualified</li> <li>04/09/1984</li> </ol>		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21	inde of Dadwicks	26			59-2423561	<u> </u> -	Not Applicable
	#; etc.~	Suite, Apt. #, etc.		-		\$8.7	75 Additional
22		27			5. Certificate of Status Desired —	Fe	e Required
City & Stat	te	City & State			6. Election Campaign Financing		. <b>00</b> May Be
23		28			Trust Fund Contribution	Add	ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		No
24	25	1	30		Personal Property Tax.	☐ Yes	
	9. Name and Address of Curre	ent Registered Agent	81 Name		10. Name and Address of New Regis	terea Agent	
MCC	CORD, MICHAEL F.						
1433 EAST PINE ROAD			82 Stree	et Address	(P.O. Box Number is Not Acceptable)		
NOK	(OMIS FL 39555 3427	چ	83			· · · <del>- · · · · · · · · · · · · · · · ·</del>	
	5121	,	[55]				<u>-</u>
			84 City			FL  85	Zip Code
11 Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statute	s, the above-name	d corpora	tion submits this statement for the purpo	se of changin	g its registered
office or r	registered agent, or both, in the State	e of Florida. Such change was au	thorized by the cor	poration's	board of directors. I hereby accept the	appointment a	as registered
		ations of Section 607 0505 Flori	da Statistics -	-			{
			da Starties	20	board of directors. I hereby accept the	1-19	7-99
	m familiar with, and accept the obliging the chael 'mec Signature, typed or printed name of registered agr	ord Thou	da Statites  Registered Agent signatur	<u> </u>	en reinstating)	/~/ C	1-77
	Michael MEC Signature, typed or printed name of registered age OFFICERS A	ent and trille if applicable. (NOTE: I	Registered Agent signatur	e required wh	en reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN 12
SIGNATURE	Michael MEC Signature, typed or printed name of registered agr OFFICERS A	ent and title if applicable. (NOTE: I	Registered Agent signatur  13. 1.1 TITLE	e required wh	en reinstating) D/ ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agr OFFICERS AI  PVD PD MCCORD, MICHAEL F.	ent and trille if applicable. (NOTE: I	Registered Agent signatur  13. 1,1 TITLE 12 NAME	M S	an reinstating)  ADDITIONS/CHANGES TO OFFICE  Cord, Sean "	RS AND DIRE	CTORS IN 12
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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: Michael melora

CR2E034 (11/98)