## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # H353	339 (1)					
JOHN	WINTERS PLUMBING, IN	IC.					
Principal Place	of Business	Mailing Address			I TOU IN A BANK LAIDT WIND ALINU I	IKKE IDII GIDII BI	#11 0105E 01011 41E11 0101E 1601
1103 LEMONWOOD AVE BRADENTON FL 34207 US		1103 LEMONWOOD AVE BRADENTON FL 34207 US					
		<b>5</b> 0			3. Date incorporated or Qualified 12/26/1984		of Last Report )3/14/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26		.,	4. FEI Number 59-2489101		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b> 1		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	Country 30		<ol> <li>This corporation has liability for intangible tax under s 199.032, Florida Statutes</li> <li>Yes ☐ No</li> </ol>		
	9. Name and Address of Curre	ent Registered Agent		r*	10. Name and Address of New	Registered #	gent
			81	Name			
GALLO, JEANETTE 8. 1806 MANATEE AVENUE WEST			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
1	NTON FL 33505		83	<u> </u>			
DRADE	MION FL 33303						122T 7. O.J.
			84	i '		FL	85 Zip Code
SIGNATURE	ed agent, or both, in the State of Fic h, and accept the obligations of, Sc Signature speed or printed name of registers, ag				ration submits this statement for the partie of directors. Thereby accept the appart when reasting	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		
THILE	DP	DELETE	1. 1 Title			L	Change Addition
NAME	WINTERS, JONATHAN JERRY 1103 LEMONWOOD AVE		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	BRADENTON FL		1.4 OITY -	J			
City - St - ZiP Title	DIVIDENTION	[ ] DELETE	2 1 TITLE	51 - 20			Change Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 S1REE	LADDRESS			
CITY-ST-ZIP			2.4 CITY -	S1 - Zi6*			
TITLE	☐ DELETE		3 1 TITLE				Change Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
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NAME			4.2 NAME	LADDRESS			
STREET ADDRESS			4.4 C-TY -	l l			
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NAME		<del></del>	5.2 NAME			_	
STREET ADDRESS				1 ACORESS			
CITY - ST - ZIP			5.4 CITY -	ST-ZIF			
TITLE		DELETE	6 1 TITLE				Change Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREE	T ADDRESS			
0.1 v ST 7(0)			64 CBY-	ST. 7IP			

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early; 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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Develler Winfes Johnathan J. Winks

(941)747-0948 Dadanie Phone •