PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # H41715

1. Corporation Name

AQUA PLUMBING SERVICES, INC.

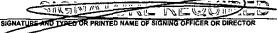
## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90027 030 \*\*\*150.00

AQUA F	LUIVIDING SERVICES, INC	•		
Principal Place	e of Business	Mailing Address		t immistr detri diddt trace immit bein dent allen diene dente dente gene gener gegen gener
1760 EAST AVENUE NORTH 1760 EAST AVENUE NORTH SARASOTA FL 34234 SARASOTA FL 34234		H	DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 02/07/1985
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 26			<b>59-2614687</b> Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional	
22		27		Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax.   A Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Nai	10. Name and Address of New Registered Agent
AAH I	ER IOHN		I IVAI	
MILLER, JOHN 1760 EAST AVENUE NORTH		82 Str	eet Address (P.O. Box Number is Not Acceptable)	
SARASOTA FL 34234			83	
OAN	A301A1E34234		[83]	
			84 City	FL 85 Zip Code
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flo	rida Statutes.	orporation's board of directors. I hereby accept the appointment as registered  The required when reinstating)  DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	X Change ☐ Additio
NAME	MILLER, JOHN		1.2 NAME	'
STREET ADDRESS	7225 CALADESIA DR.		1.3 STREET ADDRE	ess 350 HERONS RUN DR APT 527
CITY-ST-ZIP	SARASOTA FL		1.4 CITY+ST-ZIP	SARASOTA FL 34232
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDR	ESS
- CITY-ST-ZIP	<u> </u>	<u>.</u>	2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADOR	ESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TTLE	☐ Change ☐ Addition
NAME			4. 2 NAME	į
STREET ADDRESS	•		4.3 STREET ADDRI	ESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1
TITLE	}			
NAME		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME	
O ITEL TO DO TECO		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDR	
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADOR! 5.4 CITY- ST-ZIP	ESS -
		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADOR 5.4 CITY-ST-ZIP 6.1 TITLE	ESS -
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRI 5.4 CITY- ST- ZIP 6.1 TITLE 6.2 NAME	ESS Change Addition
CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADOR 5.4 CITY-ST-ZIP 6.1 TITLE	ESS Change Addition

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 off an attachment with an address, with all other like empowered.

SIGNATURE:



3-25-99

(941)366-7676

R2E034 (11/98)