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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H61014 1. Corporation Name

KNOX PLUMBING & HEATING, INC.

Principal Place of Business	Mailing Address
1870 N. RIO GRANDE AVE. ORLANDO FL 32804	1870 N. RIO GRANDE AVE. ORLANDO FL 32804

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90154 021 ***150.00



Principal Place	e of Business	Mailing Address								
1870 N. RIO GRANDE AVE. ORLANDO FL 32804		1870 N. RIO GRANDE AVE. ORLANDO FL 32804								
						DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed				
						06/10/1985				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 26						59-2539976			Not Applicable	
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.			- 5. Certifcate of Status Desired	<u> </u>		Additional Required	
City & Stat	e	City & State	-			6. Election Campaign Financing		\$5.0	May Be	
23		28				Trust Fund Contribution Added to Fee				
Zip	Country	Zip	Zip Cou			8. This corporation owes the curre		ingible		
24	25	29	30			Personal Property Tax.		☐ Yes	No	
	9. Name and Address of Currer	rt Registered Agent				10. Name and Address of New F	tegistered /	Agent		
				81	Name					
KNO	X, GEORGE			82	Ctrack Adde	ress (P.O. Box Number is Not Accepta	able)		-	
1720	HOLLIS DRIVE			102	Street Addr	ress (P.O. Box Number is Not Accepte	iole)			
ORL	ANDO FL 32822			83						
				84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zi	p Code	
44 Durayant	to the provisions of Sections 607.060	2 and 607 1509 Florida Statute	e the		named corn	poration submits this statement for the	nurnose of	changing	its registered	
office or r agent. a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autions of, Section 607.0505, Flor	ithorize ida Sta	d by tutes	the corporation	poration submits this statement for the on's board of directors. I hereby accept	of the appoin	itment as	registered	
SIGNATURE										
	Signature, typed or printed name of registered age	<u> </u>	<u> </u>		t signature require	ad when reinstating) ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIREC	TOPS IN 12	
		ID DIRECTORS	13	TITLE		ADDITIONS/CHANGES TO OF	FICENS AIN	Chang		
TITLE	DP CEODOE	□ perric							,	
NAME	KNOX, GEORGE			WAME						
STREET ADDRESS	1720 HOLLIS DRIVE		- 1		ADDRESS (
CITY-ST-ZIP	ORLANDO FL		_	CITY-S	í-ZIP			Chan	ne Addition	
TITLE	DVP	DELETE	2.17	TTLE				Chang	je 🗀 Addition	
NAME	CUPICK, PETER H.	•	2.21	AME						
STREET ADDRESS	230 SUNRISE BLVD.		2.3	STREET	TADDRESS					
CITY-ST-ZIP_	DEBARY FL		2.4	спу-ѕ	T-ZIP					
TITLE	ST	☐ DELETE	3.17	TITLE	1			Chang	je 🗌 Addition	
NAME	KNOX, ROBERTA F.		3.2	VAME						
STREET ADDRESS	1720 HOLLIS DRIVE		3.3	STREET	T ADDRESS					
CITY-ST-ZIP	ORLANDO FL		3.4.	CITY-S	T-ZIP				_	
TITLE	·-	☐ DELETE	_	TITLE				Chang	ge Addition	
NAME	•		4.2	NAME						
STREET ADDRESS	f		4.3	STREET	T ADDRESS					
CITY-ST-ZIP				OTY-SI						
TITLE		DELETE	_	TILE	·		·	☐ Chang	ge Addition	
NAME		<u> </u>		AME						
			-		T ADDRESS					
STREET ADDRESS				CITY-ST						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE		IIILE	- 41			Chang	pe	
TITLE			-	NAME				والمالي ہے	,- <u></u>	
NAME										
STREET ADDRESS			6.3	SIREET	T ADDRESS					

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:

CR2E034 (11/98)