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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

<b>19</b> 98	(3
DOCUMENT #	н63733

(0)

H.C. FRASCONA PLUMBING CO., INC.

Principal	Place	of	Business

## May 05 1998 8:00am Secretary of State

Frincipar Fiac	e di Busiliess	Maning Address				I				
c/o HAROLD S. RICHMOND c/o HAROLD S. RICHMOND										
227 East Jefferson Street 227 East Jefferson Street		DO NOT WRITE IN THIS SPACE								
					,000	3. Date Incorporated or Qualified	- 114 17110	7 011101		
Quincy	y, Florida 32351	Quincy, Florid	aa 3235.	T		07/01/1985				
2 Principal F	Place of Business	28. Mailing Address				4. FEI Number			applied For	
21	1000 01 22011/000	26				59-2542496		<b>├─</b>	lot Applicable	
Suite, Apt.	# etc	Suite Apl. #, etc	··········						Additional	
22		27				5. Certificate of Status Desired			Roullional	
City & Stat	e	City & State				6. Election Campaign Financing			<u> </u>	
23	_	28			Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	<del>-</del>		8. This corporation owes or has pa	id the c			
24	25	29	30		ĺ	Personal Property Tax due June			□ No	
	9. Name and Address of Current		100/			10. Name and Address of New Re				
			81	4	Name		*	·		
RI	CHMOND, HAROLD S.			L						
22'	7 East JEfferson Str	eet.	82	8	Street Addres	s (P.O. Box Number is Not Acceptab	ile)			
	incy, Florida 32351		83	$\vdash$					<del></del>	
Qu.	incy, riorida 32331			1						
			84	(	City			<b>85</b> Zip	Code	
de Duescons	to the area is one of Continue COT OF OC	and CO7 4E00 Florida Ctalui	lan the obsur	L.	omed anna	ation a harita this statement for the		al abassina	to residue and	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida Such change was	authorized by	e∙n ⁄th	amed corporation	alion submits this statement for the party board of directors. I hereby accer	of the ap	pointment as	registered	
agent La	m <b>fam</b> iliar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Statutes	S.						
SIGNATURE										
12.	Signature, typied or printed name of registered agent OFFICERS AND		13.	2015	signalure required i	ADDITIONS/CHANGES TO OFFIC	DATE	ID DIRECTO	DC IN 10	
TITLE	<del></del>	DELETE	1 1 11TLE			AUDITIONS/CHANGES TO OFFIC	ZENS AI	Change	Addition	
	DP	DECENT.	1 2 NAME					La change	AGOMBIT	
NAME	FRASCONA, H.C.									
STREET ADDRESS	103 W. Clark Street	;	1.3 STRECT		- 1					
CITY-ST-ZIP	Oulney, FL 32351	T process	1.4 CITY - S	1 - 7	<u>"P</u>				4 1 100	
TITLE		☐ DEL€TE	2.1 TITLE					LL Change	☐ Addition	
NAME .			2.2 NAME		<b>\</b>					
STREET ADDRESS			23 STREET	ADI	DRESS					
CITY-ST-ZIP			2 4 CITY - S	31 - 2	ZIP					
TITLE		☐ DELETE	3 1 THILF		•			Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3 3 STREET	ADE	DRESS					
CITY-ST-ZIP			3 4. CITY - S	۲ · ا	ZIP					
TITLE		☐ DELETE	4.1 THILE		i			Change	☐ Addition	
NAME			4. 2 NAME		1					
STREET ADDRESS			43 STREET	ADO	DRESS					
CITY-ST-ZIP	•		4.4 CITY - S	1 - Zi	UP					
TITLE		DELETE	5.1 TITLE					Change	☐ Addition	
NAME			5 2 NAME		İ	3000052	12	783		
STREET ADDRESS			53 STREET	ADE	ORESS	3000025 -05/06/98010	J15~-	-045	i	
CITY-ST-ZIP			54 CITY-S			***150.00				
TITLE		☐ DELETE	6.1 TITLE	1-21	<del>"</del>			Change	Addition	
NAME	•	Ditti:	6.2 NAME					- vilarige		
NAME STORET ADDRESS			6.2 STREET	ID.	auree		_	P	λム	

14. Thereby 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.

SIGNATURE:

627.7741