03-03-1999 90103 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



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

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H68213**

1. Corporation Name

PRITCHARD PLUMBING CO., INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			\					
C/O JOHN T. PRITCHARD		C/O JOHN T. PRITCHARD					•				
5224 17TH STR		5224 17TH STR CT E BRADENTON FL 34203			-	DO NOT WRITE IN THIS SPACE					
BRADENTON FL 34203 US		US				-	3. Date incorporated or Qualifed				
00		00				()	07/25/1985			· · · · · · · · · · · · · · · · · · ·	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		777	Applied For		
21	idea of Basilloso	26			- 1	59-2576472	٠.	-	Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional		
22	., •••	⊢	27			!	5. Certifcate of Status Desired			Required	
City & Stat	e	City & State			-	6. Election Campaign Financing		\$5.0(0 May Be		
23		28	28				Trust Fund Contribution		-	to Fees	
Zip	Country	Zip	 				8. This corporation owes the current	t year Inte	angible		
24	25						Personal Property Tax. Yes No				
-7.1	9. Name and Address of Curre						0. Name and Address of New Reg	jistered /	Agent		
				81	Name						
PRITCHARD, JOHN T.				82	Street Ad	droce	(P.O. Box Number is Not Acceptable	<u></u>			
5224	17 ST CT E					Juless 1	(P.O. Box Number is Not Acceptable	<i>5)</i>		1	
Bra	DENTON FL 34203										
									T1"=		
				84	City			FL	85 Zip	Code	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida, Such change was pations of, Section 607.0505, F	s authorized	l by utes.	the corpora	ation's	ion submits this statement for the puboard of directors. I hereby accept t	the appoin	itment as i	registered ,	
12.		ND DIRECTORS	13.	Agei	signatore requ	uned who	ADDITIONS/CHANGES TO OFFIC		D DIRECT	ORS IN 12	
TITLE	DP	DELETE	1.1 W	ILE			7.251.10.10.10.10.10.20.10.10.10.10.10.10.10.10.10.10.10.10.10		Change		
NAME	PRITCHARD, JOHN T.								_		
					AUUDEses					ŀ	
STREET ADDRESS	BRADENTON FL			1.3 STREET ADDRESS)	
CITY-ST-ZIP	VP			1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition	
TITLE		_		2.2 NAME					<u> —</u>		
NAME	PRITCHARD, GAIL P.		2.3 STREE		*DDDC00						
STREET ADDRESS	5224-17TH ST CT E.		ı		l					{	
CITY-ST-ZIP	BRADENTON FL	TI DELETE	2.4 C		T- ZIP				Change	e Addition	
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NAME]	
STREET ADDRESS					ADDRESS					f	
CITY-ST-ZIP		☐ DELETE	3.4. C		1-2IP				☐ Change	e Addition	
TITLE									\$ nange	,	
NAME			4. 2 N		1000=00					}	
STREET ADDRESS					ADDRESS						
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NAME					ADDRESS		•				
STREET ADDRESS					ADDRESS					ľ	
CITY-ST-ZIP		[T] Del Eve	5.4 Ci 6.1 TI		-ZIP				Change	e 🔲 Addition	
TITLE		☐ DELETE							Change	, Magazon	
NAME			6.2 NAME 6.3 STREET ADDRESS								
STREET ADDRESS.	[6.3 ST	KEET	MUUKESS					ı	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

John T. Pritchard

02/15/99

941-753-2318

Daytime Phone #