Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90025 041 \*\*\*150.00

## 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 # H89473**

1. Corporation Name

D.A. CHMMINGS PLUMBING, INC

D.A. CONNINITAC I COMBINA, INC.							
Principal Place of Business Mailing Address					•		
2050 TAYLOR RD 2050 TAYLOR RD DAYTONA BCH FL 32124 DAYTONA BCH FL 32124							
DAYTONA BCH FL 32124 US US US US US US US					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed		)
					12/06/1985		
Principal Place of Business     2a. Mailing Address					4. FEI Number	<del></del>	plied For
21		26		59-2667571	\$8.75 A	t Applicable	
Suite, Apt.	#, etc:	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & State		27 City & State		6. Election Campaign Financing	\$5.00	·	
23	•	28		Trust Fund Contribution	Added to	, ,	
Zip	Country	Zip	Country		8. This corporation owes the current year In	ntangibl <i>e</i>	_
24	25	29	30		Personal Property Tax.		No
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered	d Agent	
		— · · · · · · · · · · · · · · · · · · ·	81	Name			
CUMMINGS, DAVID A				Street Addr	ress (P.O. Box Number is Not Acceptable)		
2050 TAYLOR ROAD			83				
DAYTONA FL 32124							Ì
			84	City		85 Zip C	Code
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				F		rogistered
l office or re	egistered agent, or both, in the State o	f Florida. Such change was au	tnorized by	tne corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	i			i
SIGNATURE		JAMA WARRANIA INOTE	Projetored Ang	et clanature require	ad when reinstating) DATE		———
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	It signature ind-	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	VP OT TOERS ARE	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	Vr		1.2 NAME				,
STREET ADDRESS	2050 TAYLOR ROAD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	DAYTONA FL		1.4 CITY-S				
TITLE			2.1 TITLE			☐ Change	Addition
NAME	•		2.2 NAME				
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		- 2.3 STREE	TADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE	}		Change	Addition 1
NAME	CUMMINGS, DAVID A., SR.		3.2 NAME	-			
STREET ADDRESS	2050 TAYLOR RD		3.3 STREE	TADDRESS		,	
CITY-ST-ZIP	DAYTONA FL		3.4. CITY-5	ST-ZIP		<u> </u>	
TITLE	S	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	CUMMINGS, JEANINE		4, 2 NAME	ŀ			
STREET ADDRESS	2050 TAYLOR RD		1	TADDRESS			
CITY-ST-ZIP	DAYTONA FL		4.4 CITY-S	IT-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE			[] Cliange	
NAME			5.2 NAME	- 4000000			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	11-ZIP		☐ Change	[ ] Addition
TITLE		□ DELETE	6.2 NAME			Onlings	[
NAME			1	T ADDRESS			
STREET ADDRESS			0.3 3 I REE	I ADDINESS			

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 suppliemental 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 emprovered 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP