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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	DIVISION OF C	Secretary or Sta						
DOCUMENT # H	197359			02-09-1999 90033 006 ***150.00				
ARROW PLUMBING OF	·			1 188/8/1 0118 (0111 18088 1/10) F11/8 /8/1 018/1 0101 2/01				
Principal Place of Business	Mailing Address	-		I LOBERTE BILD 1911 (1960) FILLS (81) BIRL BIRL BIRL BIRL				
3000 SE WAALER STREET STUART FL 34997								
US	US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
				02/03/1986				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2635623						
Suite, Apt. #, etc:	Suite, Apt. #, etc.	5. Certificate of Status Desired						
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5				
Zip Cour	·	Country		8. This corporation owes the current year Intangible				
24 25		30		Personal Property Tax.				
	dress of Current Registered Agent	81	Name	10. Name and Address of New Registered Agent				
MIT ALLEX DONALD I	ng salah Maringgan (pangalang)	82		dress (P.O. Box Number is Not Acceptable)				
STUART FL 34997		83						
ach ac was me may be	mark of the production	84	City	FI 85				
	ections 607.0502 and 607.1508, Florida Statute oth, in the State of Florida. Such change was a ccept the obligations of, Section 607.0505, Flor			poration submits this statement for the purpose of changlition's board of directors. I hereby accept the appointment				
SIGNATURE Signature, typed or printed na	arne of registered agent and title if applicable. (NOTE:	Registered Agen	t signature regul	red when reinstating) DATE				
	OFFICERS AND DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIR				
TITLE PD	☐ DELETE	1.1 TITLE		<u>(, 16,5,75,27</u> □ Ch				
NAME ALLEX, DONALD		1.2 NAME		•				
STREET ADDRESS 1440 SW BELLGE	RAVE AVE	1.3 STREET	ADDRESS					
CITY-ST-ZIP STUART FL		1.4 CITY-S	r-ZIP					
TITLE STD	☐ DELETE	2.1 TITLE	·	□ Ch				
NAME ALLEX, SANDY		2.2 NAME		•				
STREET ADDRESS 1440 SW BELLGE	KAVE AVE	2.3 STREET	ADDRESS	4				

FILED Feb 09, 1999 8:00am **Secretary of State**



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

□No

☐ Yes

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	egina. Linguis (n. 1916), principal (n. 1916).		***** & * * * * ***		84 City		The Historian	. er with a	FL 85	Zip Co	de
office or r	egistered agent, or l	both, in the State of	and 607.1508, Florid f Florida. Such chang ons of, Section 607.0	e was authorized	by the con	d corporation submits poration's board of dire	this statement ectors. I hereb	for the purpo y accept the a	se of changir appointment	ng its re as regis	egistered stered
SIGNATURE	Signature, typed or printed	name of registered agent	and title if apolicable.	(NOTE: Registered /	Apent signatur	required when reinstating)	TRANSPORT	DA	rE.		
12.		OFFICERS AND	DIRECTORS	13.	-		IS/CHANGES	TO OFFICER	S AND DIRE	CTOR	\$ IN 12
TITLE ·	PD .		□ DE	LETE 1.1 TIT	.E	5.193	"(3/2m		☐ Cha	ange :	☐ Addition
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CITY-ST-ZIP	STUART FL			1,4 CIT	Y-ST-ZIP						
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ME	ALLEX, SANDY			2.2 NA	MÉ	·					
TREET ADDRESS	1440 SW BELLO	GRAVE AVE		2.3 STF	REET ADDRES	s			i .		
CITY-ST-ZIP	STUART FL	\$1000 B 1253			Y-ST-ZIP						
ije. 6134	W Withou	pen sant had	□ DE	LETE 3.1 TITI	Æ			*	Cha	ange	Addition
AVE 3	提起海流流:	m No. 14 (4)	19.5 x 4	3.2 NAJ	ΛE					٠.	
TREET ADDRESS	AN ELL AN			3.3 STF	REET ADDRES	S	1 (4 20 38)	(- 111/4 1/4)	6116119	34810	n 42 1834
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TILE			☐ DEI	LETE 4.1 TITI	Æ			* '.	∵ ⊹ ∜ 🔯 Cha	ange 5.5	Addition
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TILE	•	•	□ DEI	LETE 5.1 TITE 5.2 NA					☐ Cha	ange	☐ Addition
IAME			,								
TREET ADDRESS	40			I	REET ADDRESS	, " " , "	:				
XTY-ST-ZIP	ALLIN DAYAL		□ DEI		Y-ST-ZIP	,					CT Addition
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IAME	graat o				REET ADDRESS	,					
TREET ADDRESS	s o			l l	Y-ST-ZIP	. [•		
ITY-ST-ZIP		ation supplied with	this filing does not a			 ed in Section 119.07/3	(i) Florida Sta	stutes I furthe	r certify that	the infr	ormation

indicated on this annual report or supplied with this limits does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes, I further certify that the Informatic, 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.

561-286-5734 Daytime Phone #