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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J16987

(6)

NED PRESTWOOD PLUMBING, INC.

FILED
Mar 06 1997 8:00am
Secretary of State

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Principal Place	of Business	Mailing Address				( I IRBANIA DADL NOHA DUKA UMAN YANNI YAN	DIBH OIDH (	ILON BARAL ONA	# 01011 1001
17203 BACK BE PANAMA CITY I US		17203 BACK BEACH PANAMA CITY BCH. US		9					
08						3. Date Incorporated or Qualified 05/30/1986		te of Last R 27/1996	leport
<del></del> -	nce of Business	2a. Mailing Address				4. FEI Number		<del></del>	pplied For
21	1 at .	26 Cuito Ant # ote				59-2687252			ot Applicable
Suite Apt. #	reto	Suite, Apt. #, etc	<i>i</i> .			5. Certificate of Status Desired		•	Additional equired
City & State	•	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees
<b>Ζ</b> φ	Country	Zip	Cou	untry		8. This corporation has liability for it			•••
24	25	29	30			Florida Statutes	] Yes [	] No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	distance A	igent	
	STWOOD, LARRY			81	Name				
	3 BOCK BEACH RD			82	Street Add	ress (P.O. Box Number is Not Acceptab	lø)		
PAN	AMA CITY BCH. FL 32413			02	W+, *********	PHT-P41			<del></del>
				83					
				84	City		FL	85 Zip	Code
office of re	o me provisions or sections burlow gistered agent, or both, in the State infamiliar with, and accept the oblig	eol Florida. Such change	was authorize	o by	the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	t the appo	changing is pintment as	registered
G-CHAMOIR _	Pyriativis (gr. 1) is prodest barne of registered ag				nt signature requi	red when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD LARRY	☐ DELFY			-			Change	L. Addition
NAME STORE LABORATOR	PRESTWOOD, LARRY 17203 BACK BEACH RD			AME	ADODECC				
COTY - ST- 7IP	PANAMA CITY BCH. FL			HTY-SI	ADDRESS				
TILLE	TANGEN COTT COTT. TE	DELET			1-20			Change	Addition
NAME			2.2 N	IAME					
STREET ADDRESS			238	TREET	ADORESS				
CITY ST-ZIP			2 4 0	CITY-S	1-ZIP				
1:11: F		☐ DELET	E 317	ITLE				Change	Addition
NAME			32 N	IAME	ŀ				
STREET ADDRESS			335	STREET	ADDRESS				
CPY-\$1-76		DELET		CITY-S	T-ZIP			Channa	
THEF		DELET			ĺ			∐ Change	Addition
NAMI Drock Labority by				NAME	ADDOLCC				
STREET ADDRESS					ADDRESS				
CHY-S1-Zif THLF		DELET		HTY - ST TITLE	1 - KM			Change	Addition
NAME				NAME	\				
STREET ADDITIESS					ADDRESS				
COY-ST ZiP				CITY - S	· I				
TITLE		☐ DELET						Change	Addition
NAME			6.2 N	NAME					
STREET ALIGNESS			6.3 \$	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	1				
14 Ldo bereb	w coulify that the information supplie	d with this filing does not				d in Section 119 07(3)(i) Florida Statute	s I further	certify that	the

I be narety centry that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(f), honda Statutes. I further centry that the information indicated on this annual report or supplemental annual report is true and a accurate and that my signature shall have the same legal effect as if made under oath; that are an officer or director of the corporation or the receiver or trusted emporated 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 advices.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>7)95/67</u>

904-234-2476