


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90027 017 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J33875					
1. Corporation Name K.I.T. PLUMBING, INC.					
Principal Place of Business BOX 502 SUMMERLAND KEY FL 33042			Mailing Address BOX 502 SUMMERLAND KEY FL 33042		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1986	
21		26		4. FEI Number 59-2729279	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TUCKER, MARY KATHLEEN 21544 SACARMA DRIVE CUDJOE KEY FL 33042			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>Mary Kathleen Tucker</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/29/99					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	DAVID ALAN TUCKER				
STREET ADDRESS	21544 SACARMA RD				
CITY-ST-ZIP	CUDJOE KEY FL 33042				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	TUCKER, MARY KATHLEEN				
STREET ADDRESS	21544 SACARMA DRIVE				
CITY-ST-ZIP	CUDJOE KEY FL 33042				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
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TITLE		<input type="checkbox"/> DELETE			
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TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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.

SIGNATURE: *Mary Kathleen Tucker* MARY KATHLEEN TUCKER 4/29/99 (305) 745-2543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)