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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J39527

(3)

STOCKWELL: PLUMBING, INC.

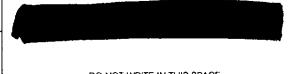
W. 29-98

STOCKWELL PLUMBING & IRRIGATION, INC. Principal Place of Business

Mailing Address

M. BARRY R. STOCKWELL

FILED Mar 19 1998 8:00am Secretary of State



1014 SHADICK ORANGE CITY		1914-SHADIGK DR ORANGE-OITY FL-SE	2161 B4	nry dr m _i fl batas	DO NOT WRITE IN THIS SI 3. Date Incorporated or Qualified 10/21/1986	PACE
2. Principal Pla	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		59-2745478	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	27		5. Cermicate of Gratus Desired	Fee Required
City & State		City & State	City & State		Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	
Zip	Country	Zip	Counti	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Yes No
9. Name and Address of Current Registered Agent			<u>_</u> _	10. Name and Address of New Registered Agent		
STOCKWELL, BARRY R.			8.	81 Name		
256	5 BARRY DR.		8:	2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
DELTONA FL 32725						
			[8:	3		
			8	4 City		85 Zip Code
	•			1	FL.	'
office or re agent. I an	o the provisions of Sections 607.0 ogiste ed agent, or both, in the Sta n face or with, and accept the obl	502 and 607.1508, Florida State of Florida. Such change wigations of, Section 607.0505	atutes, the abo as authorized t , Florida Statut	ve-named corp by the corporati es.	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its registered intment as registered
SIGNATURE 5	Signature, typed or printed name of registered	gent and title if applicable.	(NOTE: Registered A	gent signature require	red when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	☐ DELETE	1.1 TITLE		1	Change Addition
NAME	STOCKWELL, BARRY R.		1.2 NAME	:		
STREET ADDRESS	2565 BARRY DR.		1.3 STRE	et address		
CITY-ST-ZIP	DELTONA FL		1.4 CITY	·ST-ZIP	<u>-</u>	
TITLE	D	DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME	STOCKWELL, LOIS R.		22 NAMI	:		
STREET ADDRESS	2565 BARRY DR.		23 STRE	ET ADDRESS	H- 1	
CITY - ST - ZIP	DELTONA FL		2 4 CiTY	-ST-ZIP		
TITLE		DELETE	31 TITLE			Change Addition
NAME			3.2 NAMI	.		
STREET ADDRESS			3.3 STRE	ET ADDRESS		İ
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	11	1
TITLE		DELETE	5.1 TITLE		///	grange Addition
NAME			5.2 NAMI		/IL >	*10
STREET ADDRESS			5.3 STRE	ET ADDRESS	(// 7
CITY-ST-ZIP			5.4 CITY		7/1/7	<i>'</i>
TITLE		DELETE	6.1 TITLE		40000246190	hange Addition
NAME			6.2 NAM	.	-03/19/980102003	4
STREET ADDRESS				ET ADDRESS	***150.00	'
STREET AUDITESS			6.4 CITY	1	****TOD*OO	

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.