Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J84904**

1. Corporation Name

Principal Place of Business

JOHN BUHLER PLUMBING, INC.

C/O JOHN BUHLER P.O. BOX 2049 VERO BEACH FL 32960		C/O JOHN BUHLER P.O. BOX 2049 VERO BEACH FL 32960				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/27/1987				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4, FEI Number		l	Appli	ied For
21		26	26			-59-2872063			Not A	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired 5. Certificate of Status Desired				
22		27	27			3.7 Certificate of Status Des		Fee	e Requ	uired
City & State		City & State	City & State			6." Election Campaign Fina	ncing -	\$5.	00 м	ay Be -
23		28				Trust Fund Contribution		Add	ded to	Fees
Zip	Country	Zip	_ Countr	ountry		8. This corporation owes the			_	ا
24	25	29 3	<u>ol</u>			Personal Property Tax.				
	9. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of	New Registered A	gent		
BUILI	LED TORN		8	1 N	ame					
	LER, JOHN 12 PL		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)				
VERO	D BEACH FL 32960		8	3	-1-			-		
			8	4 C	ity		FL	85	Zip Co	de
office or re agent. I a	egistered agent, or both, in the Sta	3502 and 607.1508, Florida Statutes ate of Florida. Such change was auti igations of, Section 607.0505, Florid	norized b la Statute	y tne es.	corporation	when reinstating)	accept the appoin	tment a	s regi	stered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES	O OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Char		Addition
NAME	BUHLER, JOHN		1.2 NAME	E						
STREET ADDRESS	1500 CLUB DR		1.3 STRE	ET ADD	RESS		ť			
CITY-ST-ZIP	VERO BEACH FL		1.4 CfTY-							
TITLE	STD	☐ DELETE	2.1 TITLE					[]] Char	nge	Addition
NAME	BUHLER, ELIZABETH		2.2 NAME	E						
STREET ADDRESS	1500 CLUB DR		2.3 STRE	ET ADC	DRESS				-	ì
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY			in the second of		 .		ĺ
TITLE		☐ DELETE	3.1 TITLE					☐ Chai	nge	Addition
NAME			3.2 NAME	E						ļ
STREET ADDRESS		3.33		3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY	-ST-ZII	P					
TITLE		☐ DELETE	4.1 TITLE					Cha	nge	☐ Addition
NAME			4, 2 NAM	ßE.						
STREET ADDRESS			4.3 STRE	ET ADD	DRESS					
CITY-ST-ZIP			4.4 CITY-	-ST-ZIF	,	•				
TITLE		☐ DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Cha	inge	Addition
NAME			5.2 NAME	E				•		
STREET ADDRESS			5.3 STRE	ET ADO	ORESS					
CITY-ST-ZIP			5.4 CITY-	- ST- ZIF	,					
TITLE		☐ DELETE	6.1 TITLE					☐ Cha	nge	☐ Addition
NAME			6.2 NAME	E		• •				
CTREET ADDRESS			6.3 STRE	ETAD	DRESS					

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

6.4 CITY-ST-ZIP

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90075 023 ***150.00