

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90101 045 \*\*\*150.00

DOCUMENT # K08213

1. Corporation Name

STILWELL PLUMBING & SOLAR, INC.

Principal Place of Business

2213 ANDREA LANE  
SUITE #110  
FORT MYERS FL 33912  
US

Mailing Address

2213 ANDREA LANE  
SUITE #110  
FORT MYERS FL 33912  
US

2. Principal Place of Business

21 Suite, Apt., etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/22/1987

4. FEI Number

65-0024058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

WILSON, R. REED  
2213 ANDREA LN., SUITE #110  
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name WILLIAM W. LONG

82 Street Address (P.O. Box Number is Not Acceptable)  
2213 ANDREA LANE, SUITE #110

83

84 City FORT MYERS

FL

85 Zip Code  
33912

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTOP  
NAME STILWELL, WILLIAM G.  
STREET ADDRESS 2213 ANDREA LN., SUITE #110  
CITY-ST-ZIP FT. MYERS FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VTD  
1.2 NAME WILLIAM W. LONG  
1.3 STREET ADDRESS 2213 ANDREA LANE, SUITE #110  
1.4 CITY-ST-ZIP FORT MYERS, FLORIDA 33912

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 7, 1999

941-481-8300

Date

Daytime Phone #

CR2E034 (11/98)

0448840