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Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90030 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K12799

. Corporation Name

OCALA F	PLUMBING CO., INC.					 		
	-							
Principal Place of Business Mailing Address								
P.O.BOX 5218 P.O.BOX 5218								
OCALA FL 32678 OCALA FL 32678						DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed		
			•			01/25/1988		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	oplied For
21 26						59-2866708	No.	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	Additional
27						5. Certificate of Status Desired	Fee Re	equired
City & State City & Sta						6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	/		8. This corporation owes the current year Ir		_
24	25 29		30			Personal Property Tax.	res	□No
-	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Registered	l Agent	
001	DEDT DANIDOLDU CDAIC		81	Name				
COLBERT, RANDOLPH CRAIG			82	Street	Addres	ess (P.O. Box Number is Not Acceptable)		
33 SOUTH LAKE DR				<u> </u>		· · · · · · · · · · · · · · · · · · ·		
INGL	ASS FL 34449		83	1				j
			84	City			85 Zip	Code
				1		<u>FI</u>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was au	ithorized by	the corpo	corpor oration	ation submits this statement for the purpose of 's board of directors. I hereby accept the appo	f changing its sintment as re	s registered egistered
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signature r	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECT	DE IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	•		1.2 NAME	1.1 IIILE		heat Rondolph Coais		
NAME	Colbert, randolph craig 33 South Lake Dr				201	best Randolph Chaig 149 S.E. 116 Th Ave.		ļ
STREET ADDRESS	11.01.00 = 0.11.00		1		7	glis, Florida 34449		
CITY-ST-ZIP			1.4 CITY-5 2.1 TITLE	ST-ZIP	7	9115, 7101400 3.7777	[] Change	Addition
TITLE			1					
NAME	D.O. DOV. 455 NVA		2.2 NAME	T + D D D C C C C				3
STREET ADDRESS	VIANUETTOWN EL OLIOS			TADDRESS				ļ
CITY-ST-ZIP			2.4 CITY- 3.1 TITLE	SI-ZIP			Change	Addition
TITLE			3.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			1					·
CITY-ST-ZIP TITLE			3.4. CITY- 4.1 TITLE	51-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>	Change	☐ Addition
NAME			4. 2 NAME					_
STREET ADDRESS			1	T ADDRESS				
			4.4 CITY-5					ļ
CITY-ST-ZIP TITLE			5.1 T/TLE	31-21F			☐ Change	☐ Addition
NAME			5.2 NAME				_ •	_
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP			5.4 CITY-					,
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME		_	6.2 NAME					

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 arm 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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND PYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-95

352 -622 -6564 Dautime Phone #