

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90193 018 ***150.00

DOCUMENT # K30063

1. Corporation Name

M. WILSON PLUMBING, INC.

Principal Place of Business

**1759 N FLORIDA MANGO RD
SUITE # 8
WEST PALM BEACH FL 33409
US**

Mailing Address

**1759 N FLORIDA MANGO RD
SUITE #8
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **8802 ESTATE DRIVE**

27 Suite, Apt. #, etc.

28 **WEST PALM BEACH, FL**

29 **33411** **30** **USA**

9. Name and Address of Current Registered Agent

**WILSON, MICHAEL H.
3921 VICTORIA DR
WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

4. FEI Number

65-0056605

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 tangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8802 ESTATE DRIVE

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33411

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 ☐ DELETE

**NAME
WILSON, DANIA
STREET ADDRESS
3921 VICTORIA DR.
CITY-STATE-ZIP
WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

**NAME
WILSON, MICHAEL H
STREET ADDRESS
3921 VICTORIA DR.
CITY-STATE-ZIP
WEST PALM BEACH FL 33406**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
8802 ESTATE DRIVE
WEST PALM BEACH, FL. 33411**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
8802 ESTATE DRIVE
WEST PALM BEACH, FL. 33411**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0328090