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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K48258 1. Corporation Name

AMERICAN PLUMBING OF BREVARD, INC.

Principal Place	of Business	Mailing Address		
P O BOX 360901	1	P. O. BOX 360901		
MELBOURNE FL	32936-0901	MELBOURNE FL 32936-7901		DO NOT MIDITE IN THIS SPACE
US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
	·			11/23/1988
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21	يونين المتحريق والانتاج والتراك	26	- · · · · · · · · · · · · · · · · · · ·	65-0087678 Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired \$8.75 Additional Fee Required
22		27		
City & State	•	City & State ,		6. Election Campaign Financing \$5.00 May Be
23		28	Country	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25		30	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
	CHOK, JAMES			dress (P.O. Box Number is Not Acceptable)
	LUCILLE LANE BOURNE FL 32935			
WELE	DOUNNE FE 32900		83	
			84 City	FL 85 Zip Code
l 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	t Florida. Such change was au	tnorized by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Claustics hand or proted name of reciptored agent			red when reinstating) DATE
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature requir	
SIGNATURE 3	OFFICERS AND	and title if applicable. (NOTE: I		red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE E	PD OFFICERS AND	and title if applicable. (NOTE: I	Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 3	OFFICERS AND MOFFITT, PETER	and title if applicable. (NOTE: I	13, 1.1 TITLE 12 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 3 12. TITLE NAME STREET ADDRESS	OFFICERS AND PD . MOFFITT, PETER 589 IRONWOOD DRIVE	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE 3 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD . MOFFITT, PETER 589 IRONWOOD DRIVE MELBOURNE FL	and title if applicable. (NOTE: I	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 3 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PD MOFFITT, PETER 589 IRONWOOD DRIVE MELBOURNE FL SD	and title if applicable. (NOTE: I) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Cree Pres-Oral Change Addition
SIGNATURE 2 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PD . MOFFITT, PETER 589 IRONWOOD DRIVE MELBOURNE FL SD TRECHOK, JAMES	and title if applicable. (NOTE: I) DIRECTORS DELETE	13. 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 ITILE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE TO THE TOTAL TOT	OFFICERS AND PD MOFFITT, PETER 589 IRONWOOD DRIVE MELBOURNE FL SD TRECHOK, JAMES 2079 LUCILLE LANE	and title if applicable. (NOTE: I) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Cree Pres-Oral Change Addition
SIGNATURE TO THE TOTAL TOT	OFFICERS AND PD MOFFITT, PETER 589 IRONWOOD DRIVE MELBOURNE FL SD TRECHOK, JAMES 2079 LUCILLE LANE MELBOURNE FL	and title if applicable. (NOTE: 1) DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Tice Presourt V Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PD MOFFITT, PETER 589 IRONWOOD DRIVE MELBOURNE FL SD TRECHOK, JAMES 2079 LUCILLE LANE MELBOURNE FL	and title if applicable. (NOTE: 1) DIRECTORS DELETE DELETE	Registered Agent signature requirements 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Tames A. Trechok ECRATARY & TREASURE ST Change Addition TAWS P. Maffitt 89 FRANCOSC DN. Melbourne, FL. 33935
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CITY-ST-ZIP 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 on an attachyptory with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90265 007 ***158.75