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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$1-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCI MENT #

101

	ODIVIENT # KYYON OB'S BACKFLOW & PLUMBIN	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Principa	al Place of Business	Mailing Address			 	. Jaarbist on took it seen edited tinit oldt bildit e	An andır alam sısın dian isalı	
% ROBERT NOVAK 12974 HELM DRIVE JACKSONVILLE FL 32258		N ROBERT NOVAK 12974 HELM DRIVE JACKSONVILLE FL 32258				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 04/03/1989		
	ipal Place of Business	2a. Mailing Address			···	4. FEI Number	Applied For	
21		26			···	59-2940938	Not Applicat	ole
22	. Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City 23	& State	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30			This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cure	rent Registered Agent		ļ.,		10. Name and Address of New Registered	Agent	
NOVAK, ROBERT 12974 HELM DRIVE JACKSONVILLE FL 32258				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84	City	F		
11. Pur offic age	suant to the provisions of Sections 607.0 be or registered agent, or both, in the Sta int. I am familiar with, and accept the ob	0502 and 607.1508, Florida Statuate of Florida. Such change was bligations of, Section 607.0505, F	utes, the a authorize lorida Sta	bove d by tutes	named corp the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered	ad J
SIGNAT	URE Signature, typed or printed name of registered	August and talls if annihability (August annihability)	TC Danielou	4 4 0 00		ed when reinstelling) DATE		_
12. OFFICERS AND DIRECTORS 13.				u Agei	ii eigistora reduit	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	ᅱ
TITLE	PO	DELETE	1.1 T	ITLE			Change Additi	ion
NAME	NOVAK, ROBERT		1.2 N	AME	İ			
STREET AD	EET ADDRESS 12974 HELM DRIVE		1.3 S	1.3 STREET ADDRESS				ļ
CITY-ST-2	IP JACKSONVILLE FL 1.4		1.4 CITY - ST-ZIP				ĺ	
TITLE	SID	☐ DELETE	2.1 7	ITLE			Change Additi	OR
NAME	NOVAK, PATRICIA		2.2 N	AME				
STREET AD			2.3 S	TREET	ADDRESS			
CITY-ST-2	P JACKSONVILLE FL		2.40	CITY-S	T-ZIP			_}
TITLE		DELETE	3.1 T	ITLE			Change Additi	on

CITY-ST-ZIP 6.4 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 ennual 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 comporation or the receiver of 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 appearance with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY - ST - ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

904-268-8009

Change

Change

Change

Addition

Addition

Addition

FILED

Mar 25 1998 8:00am

Secretary of State