

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

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90023 036 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K79314

1. Corporation Name
SAUL PLUMBING, INC.

Principal Place of Business
9293 BAY PINES BLVD.
ST. PETERSBURG FL 33708
US

Mailing Address
9293 BAY PINES BLVD
ST. PETERSBURG FL 33708
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1989

4. FEI Number
59-2949982

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

2. Principal Place of Business
21 11000 70th Ave NO
Suite, Apt. #, etc.

2a. Mailing Address
26 11000 70th Ave NO
Suite, Apt. #, etc.

22 City & State
Seminole

27 City & State
Seminole

23 Zip Country
33772 USA

28 Zip Country
33772 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUL, JAMES J.
9293 BAY PINES BLVD
ST. PETERSBURG FL 33708

81 Name SAUL, JAMES J.
82 Street Address (P.O. Box Number Not Acceptable) 11000 70th Ave NO
83
84 City Seminole FL 85 Zip Code 33772

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 James Saul President/owner address change only 1-4-99 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SAUL, JAMES J.
STREET ADDRESS 12244-2ND STREET
CITY-ST-ZIP TREASURE ISLAND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME SAUL, JAMES J.
1.3 STREET ADDRESS 12040 74 AVE NO.
1.4 CITY-ST-ZIP Seminole FL 33772

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 the empowered.

SIGNATURE: James Saul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)