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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K82008

(9)

A-OK PLUMBING SERVICE, INC.

FILED	)
Feb 26 1998	8:00am
Secretary o	f State

A OK I	LUMBING SERV	rice, inc.								
Principal Plac	e of Business		Mailing Addre	ess			- 1 10010111 001 38110 31011 8	(80)   <b>00</b>   01  01  01  01  01  01  01  01  01	0,0%	AN BARN III
S. KENNETH	D. SMENSON		_							
% KENNETH D SWENSON       % KENNETH D SWENSON         8235 OAKWOOD DRIVE       9235 OAKWOOD DRIVE         ŁAKE WALES FL 33853       LAKE WALES FL 33853				OD DRIVE		DO NOT WRITE IN THIS SPACE				
ENTE TIMES TE SOON				1 FE 33033			3. Date Incorporated or Qualified			
							04/17/1989			
2. Principal P	lace of Business		2a. Mailing Address			4. FEI Number		/	Applied For	
21			26			65-0121053			Vot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status D	esired	7	Additional	
22			27				G. Commodition character		Fee f	Required
City & State			City & State			6. Election Campaign Fir			🕽 Маў Ве	
23 Zin	Cour	mbe	28		0		Trust Fund Contributio			to Fees
Zip	Cou	ntry	Zip		Country		8. This corporation owes	•		
24	25 Name and Add	iress of Current	29 t Registered Agen	30	<u> </u>		Personal Property Tax  10. Name and Address of			No
OM.			. riegistorea Agon		81	Name	IV. Hamb and Hadress C	inow mogrator	ou regoin	
	ENSON, KENNETH									
	SS QAKWOOD DRIV				62	Street Addre	ss (P.O. Box Number is Not	Acceptable)		
LA	KE WALES FL 3385	33			83	<del></del>	· · •· · · · · · · · · · · · · · · · ·			
					84	City		F	85 Zip	Code
11. Pursuant	to the provisions of Si	ections 607.0502	and 607,1508, Flo	orida Statutes.	the above	-named corpo	ration submits this statemer			its registered
office or re	egistered agent, or be m familjar with, and a	oth, in the State of	of Florida. Such ch	ange was auth	orized by	the corporation	ration submits this statement on's board of directors. There	eby accept the	appointment a	s registered
<del>-</del>			dons of, Section et	or Josep, Fioritie	a Statutes	·.		<i>1</i> -	74 -G8	
SIGNATURE	Signature, typed or printed n	ame of legistered agen	it and title if applicable.	(NOTE: Fle	gislered Age	nt signature required	d when reinstating)	DAT	E T	
12.		OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE	PTD			DELETE	1.1 TITLE				Change	Addition Addition
NAME	swenson, ken				1.2 NAME	1				
STREET ADDRESS	9235 OAKWOO				1.3 STREET	ADDRESS				
CITY-ST-ZIP	LAKE WALES FI	L								
TITLE					1.4 CITY - S	T-ZIP				
IIILE	SVD			DELETE	1.4 CITY - ST 2.1 TITLE	r-zip			Change	☐ Addition
NAME	SWENSON, LOI	S E.		DELETE		T-ZIP		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE	2.1 TITLE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SWENSON, LOI	S E. D DR			2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SWENSON, LOIS 9235 OAKWOOL	S E. D DR			2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS T- ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SWENSON, LOIS 9235 OAKWOOL	S E. D DR			2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS T-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SWENSON, LOIS 9235 OAKWOOL	S E. D DR			2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS T-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 City-S 3.1 Title 3.2 NAME 3.3 STREET 3.4 City-S 4.1 Title 4.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CATY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S 4.4 CITY-S 4.5 CITY-S 4.5 CITY-S 4.7 CITY-	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.5 AGREET 5.5 AGREET 5.4 CITY-ST 5.5 CITY-ST 5.5 CITY-ST 5.6 CITY-ST 5.7 CITY-	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS			☐ Change ☐ Change ☐ Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.1 TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	SWENSON, LOIS 9235 OAKWOOL	S E. D DR		DELETE DELETE DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-ST 5.4 CITY-ST 5.4 CITY-ST 5.5 AGREET 5.5 AGREET 5.4 CITY-ST 5.5 CITY-ST 5.5 CITY-ST 5.6 CITY-ST 5.7 CITY-	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS -ZIP  ADDRESS -ZIP			☐ Change ☐ Change ☐ Change	Addition  Addition

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.

CIGNATURE.

engel liver

7-10-98 94/696-3737