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 # K82351

(3)

NAME

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

FILED Feb 20 1998 8:00am Secretary of State

352-795-5276

S & J F	PLUMBIN	G, INC.								
Principal Place of Business Mailing Address								- FRENIANII BAN URIUN URBAN ULIBU ALIBU BUNU DENIU U	ALII OFBII GIVII BI	ILIK OFORI ADDI
9711 AUDUBO 4 CRYSTAL RIVI			P.O BO	P.O BOX 2853 HOMOSASSA SPRINGS FL 34447				DO NOT WRITE IN THIS SPACE		
								 Date Incorporated or Qualified 04/21/1989 		
2. Principal Pl	ace of Busin	ness	2e. Mailir	2a. Mailing Address				4. FEI Number		Applied For
21			26					59-2953550	 	Not Applicable
Suite, Apt.	#, 6 t¢.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State)		City 8	City & State				Election Campaign Financing	\$5.0	D May Be
23		0	28					Trust Fund Contribution Added to Fees		
Zip 24	Country Zip Co				-	Personal Property Tax due June 30. Yes No				
			rent Registered	Agent		B1 T	Name	10. Name and Address of New Register	ad Agent	
MYERS, STEVEN 6637 South Beagle Dr.					L					
				Ī			Street Addre	ss (P.O. Box Number is Not Acceptable)		
HOMOSASSA FL 34448					ļ ī	B3		· · · · · · · · · · · · · · · · · · ·		
:					-	84	City		85 Zip	Code
							<u> </u>	_F	<u>L</u>	
11. Pursuant t Office or re agent. I ar	o the provis egistered ag n familiar wi	ions of Sections 607.0 ent, or both, in the Sta ith, and accept the ob	0502 and 607.150 ate of Florida. Suc digations of, Secti	8, Florida Statut ch change was a on 607.0505, Flo	es, the abo authorized orida Statu	by tes	-named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing ppointment a	its registered is registered
SIGNATURE .	Slaneture tuned	or printed name of registered	enget and little if applica	hie /NOT	E. Banistered	Anon	ni signature requires	d when reinstating) DATE		
12.	Signature, types		AND DIRECTORS		13.	-Qui	II education recover	ADDITIONS/CHANGES TO OFFICERS A		PRS IN 12
TITLE	D			DELETE	1.1 TfTL	£			Change	Addition
NAME	MYERS, STEVEN				1.2 NAME					
STREET ADDRESS		OUTH BEAGLE DRIV	VE .	f			ADDRESS			
CITY-ST-ZIP TITLE	HOMUS	ASSA FL		DELETE	1.4 CITY 2.1 TITL		- ZIP		Change	Addition
NAME				L. DICCIL	2.1 HIL				☐ CHAIIGE	L AMILION
STREET ADDRESS							ADDRESS			
CITY-\$T-ZIP					2. 4 CIT					
TITLE				DELETE	3.1 TITL				☐ Change	Addition
NAME					3.2 NAN	Æ	}			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE				DELETE	3.4. CIT 4.1 TITL		1 - Z(P		Change	Addition
NAME					4.2 NA		1		ondige	
STREET ADDRESS						-	ADDRESS			
CITY-\$T-ZIP					4.4 CITY					
TITLE				DELETE	5.1 TITL	Ę			Change	Addition
NAME					5.2 NAM	-				
STREET ADDRESS							ADORESS			
CITY-ST-ZIP				DELETE	5.4 CITY	<u>-ST</u>	- ZIP		Change	Addition

6.2 NAME

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 chapted for on an attachment with an address.

6.3 STREET ADDRESS