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

**PROFIT** CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

L43204

THE PLUMBING CONNECTION OF CENTRAL FLORIDA, INC.

## FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2490 SNOWHILL RD. 2490 SNOWHILL RD. CHULUOTA FL 32786 CHULUOTA FL 32766 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1990 2a. Mailing Address 2. Principal Place of Business FFI Number Applied For 26 59-2990532 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBOSKI, WILLIAM S JR 2490 SNOWHILL RD. 82 Street Address (P.O. Box Number is Not Acceptable) CHULUOTA FL 32766 83 City 85 Zip Code FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 Signature, typed or product name of registered agent and tric. Lappocable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 TITLE Change Addition ROBOSKI, WILLIAM S JR MARKE 1.2 NAME 2490 SNOWHILL RD. STREET ADORESS 1.3 STREET ADDRESS CHULUOTA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ROBOSKI, SHARON 2.2 NAME 2490 SNOWHILL RD. STREET ADDRESS 2.3 STREET ADDRESS CHULUOTA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DITTE Addition TOTAL 3.1 TITLE Change MALIF 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITL€ NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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 supplied critical 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.

William S Robert To

407-366-