

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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90062 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L64915

1. Corporation Name
PARK PLUMBING, INC.

Principal Place of Business
13990 HARBORVIEW DR.
SEMINOLE FL 33776
US

Mailing Address
13990 HARBORVIEW DR.
SEMINOLE FL 34646
US

33776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/12/1990	
21		26		4. FEI Number 59-3007282	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent POLLARD, HARRY M. 13990 HARBORVIEW DR. SEMINOLE FL 33776				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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 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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		PD		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		POLLARD, HARRY M.				1.2 NAME									
STREET ADDRESS		13990 HARBORVIEW DR.				1.3 STREET ADDRESS									
CITY-ST-ZIP		SEMINOLE FL				1.4 CITY-ST-ZIP									
TITLE		V		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		RODGERS, JOHN				2.2 NAME									
STREET ADDRESS		13990 HARBORVIEW DR.				2.3 STREET ADDRESS									
CITY-ST-ZIP		SEMINOLE FL				2.4 CITY-ST-ZIP									
TITLE		ST		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		POLLARD, SUSAN M.				3.2 NAME									
STREET ADDRESS		13990 HARBORVIEW DR.				3.3 STREET ADDRESS									
CITY-ST-ZIP		SEMINOLE FL				3.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						4.2 NAME									
STREET ADDRESS						4.3 STREET ADDRESS									
CITY-ST-ZIP						4.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						5.2 NAME									
STREET ADDRESS						5.3 STREET ADDRESS									
CITY-ST-ZIP						5.4 CITY-ST-ZIP									
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						6.2 NAME									
STREET ADDRESS						6.3 STREET ADDRESS									
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 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 like empowered.

SIGNATURE: *HARRY M. POLLARD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 1 99 727 344 6305

Date

Daytime Phone #

CR2E034 (11/98)