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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90191 006 ***150.00

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υO	CUI	MENI	#	L94264

1. Corporation Name

ERIC SMITH PLUMBING, INC.

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Principal Place	e of Business	Mailing Address							
12454 LACEY DR NEW PORT RICHEY FL 34654		12454 LACEY DR NEW PORT RICHEY FL 34654			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 08/15/1990			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26		_		59-3026644			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27			3, Certificate of States Debites		Fee F	Required	
City & State		City & State				6. Election Campaign Financing	П	•	May Be
23		28		_		Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_ Countr	У		8. This corporation owes the curr	ent year Ir		
24	25	29 3	<u>ol</u>			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent	8	1 Na		10. Name and Address of New I	<u>kegistered</u>	Agent	
TILLE	TH, ERIC		°	' Na	me		_		
	54 LACEY DR		82 Street A			ss (P.O. Box Number is Not Accept	able)		
	PORT RICHEY FL 34654		8	<u>-</u>					
11677	TOTAL TE STOOT		0	3					ı
			8.	4 Cit			FI	85 Zip	Code
	to the provisions of Sections 607.050	1007 1500 51-11-	ille a straig			anti submite this statement for the		f changing i	ts registered
office or n	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	norized b	y the c	orporation	's board of directors. I hereby acce	pt the appo	ointment as	registered
SIGNATURE		MOTE D			tura saguirod	when reinstating)	DATE		
12.	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	on signa	tale redoiled	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					Change	
NAME	SMITH, ERIC	_	1.2 NAME						-
STREET ADDRESS	12454 LACEY DRIVE		1.3 STRE	ET ADDR	ESS				
	NEW PORT RICHEY FL		1.4 CITY-						
CITY-ST-ZIP	S	☐ DELETE	2.1 TITLE			<u></u> _		Change	e Addition
NAME	SMITH, REBECCA		2.2 NAME						l
STREET ADDRESS	12454 LACEY DRIVE	- U	2.3 STRE		ESS				- 2
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY						ļ
TITLE	112111111111111111111111111111111111111	☐ DELETE	3.1 TITLE		\top			Chang	e 🔲 Addition
NAME			3.2 NAME	•					
STREET ADDRESS			3.3 STRE		ESS				
CITY-ST-ZIP			3.4. CITY		{				
TITLE	-	☐ DELETE	4.1 TITLE		'	<u> </u>		Chang	e Addition
NAME ·			4. 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDR	ESS				Ì
CITY-ST-ZIP			4.4 CITY	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Chang	e Addition
NAME			5.2 NAME	Ē					ļ
STREET ADDRESS			5.3 STRE	ET ADDR	ESS				
CITY-ST-ZIP			5.4 CITY	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Chang	e 🔲 Addition
NAME			6.2 NAME	•	ł				
STREET ADDRESS			6.3 STRE	ET ADDF	ESS				
CITY-ST-ZIP	1		6.4 CETY-	ST-ZIP				•	
	nortify that the information supplied w	th this filling does not qualify for t	he eyemi	otion s	ated in Se	ection 119 07(3)(i) Florida Statutes	Lfurther co	ertify that the	e information

indicated on this annual report or supplied 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 of 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 changes or of an attachment with an address, with all other like empowered.

SIGNATURE:

127-856-7791