Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90060 023 ***150.00

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

DOCUMENT # M66462

 Corporation 	n Name					l					
SHEP'S PLUMBING CO., INC.								118 Edite Billi 81518 8	mes eise Sisti S	(845 616 11 6 1841 6 1	(8) (4) (4) (4) (4) (4) (4) (4) (4)
Principal Place	e of Business	Mailing Addres	s				1 (88/88/)	11 8 8111 8 81111 81818 8	reid fills Biller d	iffit Biffit Elett G	Bit Bibit (BB)
P O BOX 821 P O BOX 821								•			
EAGLE LAKE FL 33839 EAGLE LAKE FL 33839							DO NOT WRITE IN THIS SPACE				
						l	3. Date Incorpo	rated or Qualifed			
							01/26/198	18			
2. Principal Pl	ace of Business	2a. Mailing Add	lress				4. FEI Number			h	olied For
21		26					<u>59-28706</u> !	<u>54 </u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certifcate of	Status Desired		\$8.75 A Fee Re	
22		City & State					A FI (1) A =				<u> </u>
City & State	e	28	.				6. Election Carr Trust Fund C	npaign Financing Contribution		\$5.00 ·	
Zip	Country	Zip		Country				tion owes the cur	rent year int	tangible	
24	25	29	3	0			Personal Pro				□No
	9. Name and Address of Currer	nt Registered Agent					10. Name and A	Address of New	Registered	Agent	
	DDADD BATDICK C			81	Name						
SHEPPARD, PATRICK S.				82	Street	Addres	s (P.O. Box Num	ber is Not Accept	table)		
6800 CRYSTAL BEACH RD P.O. BOX 821 EAGLE LAKE,FL				-	}						
WINTER HAVEN FL 33880				83					·		
				84	City				FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Flo	rida Statutes	, the above	e-named	corpor	ation submits this	statement for the	nurnose of	changing its	registered
office or r	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such cha	nge was auti	norized ov	the corpo	oration	's board of directo	ors. I hereby acce	pt the appo	intment as req	jistered
	in familiar with, and absort the oblige		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: R		nt signature r	equired w	men reinstating)		DATE	10.0105070	
12.		ND DIRECTORS	DELETE	13.		ī	ADDITIONS/C	HANGES TO OF	-FICERS AF	Change	Addition
TITLE	D DATEDON C		DELETE	1,1 TITLE		ļ				Ù ∩uange	
NAME	SHEPPARD, PATRICK S.			1.2 NAME							
STREET ADDRESS	6800 CRYSTAL BEACH RD				TADORESS						
CITY-ST-ZIP	WINTER HAVEN FL		DELETE	1.4 CITY-S	1-ZIP					Change	Addition
TITLE NAME				2.2 NAME							
STREET ADDRESS					TADDRESS			•			
CITY-ST-ZIP				2.4 CITY-S		1					
TITLE			DELETE	3.1 TITLE			• • • • • • • • • • • • • • • • • • • •			Change	Addition
NAME				32 NAME			•	, ,			
STREET ADDRESS				3.3 STREE	TADDRESS						
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP						- 1 day:
TITLE			DELETÉ	4.1 TITLE						Change	Addition
NAME				4 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDRESS	Ì				•	
CITY-ST-ZIP			DC) ETE	4.4 CITY-S	T-ZIP	ļ				Channa	Addition
TITLE		Ц	DELETE	5.1 TITLE			•		1.	Change	☐ Addition
NAME				5.2 NAME	T ADDRESS			,			
STREET ADDRESS				5.4 CITY-S							
CITY-ST-ZIP			DELETE	6.1 TITLE	u-AF				.	Change	☐ Addition
TITLE		u	VELLIE	6.2 NAME				•			

14. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP