

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M78303** (8)

1. Corporation Name

KILEY & CLOUSE PLUMBING, INC.

Principal Place of Business

John Kiley
*** SCOTT R. PORTER**
74 OLD DIXIE HWY/P O BOX 782
LADY LAKE FL 32159

Mailing Address

John Kiley
*** SCOTT R. PORTER**
74 OLD DIXIE HWY/P O BOX 782
LADY LAKE FL 32159



3. Date Incorporated or Qualified
04/22/1988

3a. Date of Last Report
04/18/1995

4. FEI Number

59-2896108

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **74 S. Old Dixie Hwy**

26 **P.O. Box 782**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Lady Lake, FL**

28 **Lady Lake, FL**

24 Zip

Country

29 Zip

Country

25 **32159**

25 **Lake**

29 **32158**

30 **Lake**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILEY, JOHN F III
74 OLD DIXIE HIGHWAY
LADY LAKE 32159

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]
Signature typed or printed name of registered agent or officer or director (NOTE: Registered Agent's signature required when reinstating)

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/6/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KILEY, JOHN F., III	
STREET ADDRESS	33827 PICCIOLA ROAD	
CITY- ST- ZIP	FRUITLAND PARK FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	CLOUSE, ROBERT A.	
STREET ADDRESS	00845 CR 466A	
CITY- ST- ZIP	FRUITLAND PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/96

352-753-5301

3. Date Incorporated or Qualified
03/23/1982

3a. Date of Last Report
01/13/1995

4. FEI Number

59-2183459

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **3300 North Pace**

Suite, Apt. #, etc.