

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90009 014 \*\*\*\*61.25

**DOCUMENT # N93000001642**

1. Corporation Name

**POLK COUNTY ASSOCIATION OF PLUMBING, HEATING, AND  
D COOLING CONTRACTORS, INC.**

Principal Place of Business

700 KENSINGTON ST  
LAKELAND FL 33803  
US

Mailing Address

700 KENSINGTON ST  
LAKELAND FL 33803  
US

563387-90009-14



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

04/13/1993

4. FEI Number

59-3204893

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

9. Name and Address of Current Registered Agent

CHRITTON, CHARLES P  
5300 SOUTH FLORIDA AVE.  
LAKELAND FL 33813

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE VP ☒ DELETE  
NAME MURPHY, KEVIN  
STREET ADDRESS 215 FARMER BROWN RD  
CITY-ST-ZIP LAKELAND FL

TITLE P ☒ DELETE  
NAME RAWLINGS, KEN  
STREET ADDRESS 3921 WATER OAK DR  
CITY-ST-ZIP LAKELAND FL

TITLE ST ☐ DELETE  
NAME SMITH, DAVID  
STREET ADDRESS 700 KENSINGTON ST  
CITY-ST-ZIP AUBURNDALE FL

TITLE D ☒ DELETE  
NAME ALBERTS, DAVID  
STREET ADDRESS 3133 GALLOWAY ROAD  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE  
NAME BAYHAN SR., DAVID  
STREET ADDRESS 902 S. GOLDEN RULE COURT  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE  
NAME KONTAY, WARREN J.  
STREET ADDRESS 1815 STERLING DRIVE  
CITY-ST-ZIP LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P Kevin Murphy  
215 Farmer Brown RD  
Lakeland FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VP David Alberts  
3133 Galloway Road  
Lakeland, FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D Sam Garber  
3837 Progress Dr  
Lakeland FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 617, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-99 941-686-3138  
Date Daytime Phone #

CR2E037 (1/98)