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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37450

(4)

HAY PLUMBING COMPANY INC.

FILED

Feb 02 1998 8:00am

Secretary of State

MAT PL	UMBING COM	PANT INC.										
Principal Place	e of Business		Mailing Ad	dress					f 1883/188f 184 Juliu 1880) alang Albu Balu Alb	1) 41911 81816 81811 8	11911 81911 1981	
120 FAIRBANKS AVENUE 120 FAIRBANKS AVENUE												
THOMASVILLE GA 31792 THOMASVILLE GA 31792									DO NOT WRITE IN	THIS SPACE		
								ĺ	3. Date Incorporated or Qualified			
								Ì	02/05/1992			
2. Principal P	lace of Business	2a. Mailing Address						4. FEI Number		Applied For		
21		26						<u>58-1631087</u>		Not Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired		5 Additional Required		
City & State	e	City & State						6. Election Campaign Financing	\$5.0	0 May Be		
23	_	28						Trust Fund Contribution		d to Fees		
Zip Country			Zip Country						8. This corporation owes or has paid the current year Intangible			
24	25	·	29		30				Personal Property Tax due June 30.	Part .	□ No	
		ddress of Current		jent	11	T			10. Name and Address of New Regist	ered Agent		
^ 1	CORPORATION	SYSTEM	<u>-</u>			81	Name					
1200 SOUTH PINE ISLAND ROAD						82	Civaci	N olden	Mana (D.O. Bou Number is Not Accontable)			
	ANTATION FL 33			02	Sueera	Address (P.O. Box Number is Not Acceptable)						
PERMITTION PL 33324					83							
						84	City			FL 85 Z	ip Code	
office or r	to the provisions of egistered agent, or m familiar with, and	hoth in the State of	al Florida, Such	changa was :	authorize	n nv	' Ine corr	corpor	ation submits this statement for the purp n's board of directors. I hereby accept th	ose of changing a appointment	g its registered as registered	
SIGNATURE	Signature, typed or printed		t and the day in the	, Alor	F. Bonielow	d Ane	n) pionaturo	required	when reinstating)	DATE		
12.	Signature, typed or printed	OFFICERS AND		(1401	13.	d Age	III Signature	required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	
TITLE	₽TO	OTTIOLITO AND	DIFFECTORIO	DELETE	1.1 T	TLE			110011101010111111111111111111111111111	☐ Chang		
NAME	HAY, JAMES	a .ip			1.2 N							
STREET ADDRESS	120 FAIRBANI						ADDRESS					
CITY-ST-ZIP	THOMASVILLE					(TY-S						
TITLE	VSD	<u>. un</u>		DELETE	211					☐ Chang	e Addition	
NAME	HAY, JOSEPH	16			2 2 N							
STREET ADDRESS	120 FAIRBANI				- 1		ADDRESS					
	THOMASVILLE						ST - ZIP			æ.		
CITY-ST-ZIP TITLE	TTOMTOTICAL			DELETE	311					Chang	je Addition	
NAME				•	32 N	AME						
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							ST-ZIP					
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NAME					4.21		l					
STREET ADDRESS							ADDRESS					
City-St-ZIP						ITY-S						
TITLE	<u> </u>			DELETE	5.1 T					Chang	je 🔲 Addition	
NAME					5.2 N	AME						
STREET ADDRESS					- 6		ADDRESS					
CITY-ST-ZIP						ITY-S						
TITLE				DELETE	6.1 T					Chang	je 🔲 Addition	
NAME					6.2 N		ļ					
STREET ADDRESS							ADDRESS				ļ	
CITY-ST-ZIP						11Y-S						

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.

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