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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P92000009448 (1)

M.A.P. PLUMBING & FITTING, INC.

**FILED** Feb 27 1998 8:00am Secretary of State



				{ 1001090 100 1010 1001 3511 0011 0011 0011 0011	
Principal Place of Business Mailing Address  2381 GUAVA DRIVE  2381 GUAVA DRIVE					
			14		
DAYTONA BEACH FL 32124		DAYTONA BEACH FL 3212	24	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/04/1992	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied For	
21		26		<b>59-3155456</b> Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional	
22		[27]		Fee Required	
City & State		Cily & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	<b>[28</b> ]	Country		
24	25	h	30	8. This corporation owes or has paid the current year Intertyible Personal Property Tax due June 30. Yes No	
24	9. Name and Address of Curr		1	10. Name and Address of New Registered Agent	
PH	ELAN, RAYMOND A CPA		81 Nan	e	
	N. GRANDVIEW AVENUE		82 Stre	et Address (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32119			62 500	as Address (F.O. Box Northber is Not Addeptable)	
			83		
			84 City	FL 85 Zip Code	
44 Pureuant	to the provisions of Sections 607.0	LO2 and 607 1508 Florida Statute	e the shove-nam		
office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was a	uthorized by the c	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered	
_	m familiar with, and accept the obl	igations of Section 607.0505, Flo	rida Statules.		
SIGNATURE	Signature, typed or printed name of registered i	agent and title if applicable (NOTE	Registered Agent signa	ure required when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition	
NAME	PONSTINGEL, MICHAEL A		1.2 NAME		
STREET ADDRESS	2381 GUAVA DRIVE		1.3 STREET ADDRES	S	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2 1 TITLE	Change  Addition	
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRES	S	
CITY-ST-ZIP		T print	2 4 CITY-ST-ZIP	Change Addition	
TITLE		☐ DELETE	3 1 TITLE	L. Change L. Adordon	
NAME ATTECT ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	»	
CITY-ST-ZIP TITLE		DELETE	3.4, CITY-ST-ZIP	Change Addition	
NAME .			4.2 NAME	Section Control of Con	
STREET ADDRESS			4.3 STREET ADDRES	s	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRES	s	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRES	s	
CITY CT 7ID			CACITY ST 7ID		

14. Thereby 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 conforation 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.