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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010565 (8)

DOUG SCRATCHLEY PLUMBING, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						18 B1161 6311 1681		
1240 MICCOS LA BELLE FL			1240 MICCOSUKEE TRAIL LA BELLE FL 33935				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
							02/10/1993	
2. Principal Pi	ace of Business	<u></u> ⊢	2a. Mailing Address				4. FEI Number	Applied For
21		26					65-0386889	Not Applicable
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.				E Cortificate of Statue Decised	75 Additional e Required
City & State			City & State					.00 May Be
23	•	⊢ '	28					ded to Fees
Zip Country			Zip Cour			8. This corporation owes or has paid the current year Intangible		
24	25	29		30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registere	d Agent	1			10. Name and Address of New Registered Agent	
SCI	RATCHLEY, DOUG				81	Name		
124	O MICCOSUKEE TRAIL				82 Street Address (dress (P.O. Box Number is Not Acceptable)	
LAE	BELLE FL 33935				83			
					84	City	— 85	Zip Code
						•	FL	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OF FICERS AT					rit signature ret.	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12
TITLE	PST DELETE			1.1 1/	TLE		Cha	
NAME	SCRATCHLEY, DOUG		1.2 N		AME			1
STREET ADDRESS	4444 1 MOGGOUTTEE TEXT		1.3 \$		1.3 STREET ADDRESS			
CITY-ST-ZIP	LA BELLE FL 33935		1.4 CI		TY - 51	T- ZIP		
TITLE	V		DELETE	DELETE 2.1 TIT			☐ Cha	nge Addition
NAME	UNDERWOOD, CHARLES			2.2 N/	AME			
STREET ADDRESS	4040 4040000000000000000000000000000000			2.3 S		address		
CITY-ST-ZIP	FT. MYERS FL 33905			2.40	ITY-S	ST-ZIP		
TITLE			DELETE	3.1 TITLE			Cha	inge 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS	T ADDRESS			3.3 STREET ADDRESS		address		
CITY-ST-ZIP				3.4. CITY-ST-		T- ŽIP		
TITLE	DELETE 4.11				Cha	inge L. Addition		
NAME				4. 2 NAME				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			DEVETC	4.4 CITY-		T-7IP	T ou	inge Addition
TITLE			DELETE	5.1 TITLE			Cha	ings LI MOUROR
NAME				5.2 NAME				
STREET ADDRESS					5.3 STREET ADDRESS			
CITY-ST-ZIP			DELETE	DELETE 61 TITLE		T-ZIP	☐ Cha	inge Addition
TITLE			- DETRIE				Clia	måo 🗀 voquoqi
NAME				6.2 N		1000000		
STREET ADDRESS						ADDRESS		1
City-St-ZiP	certify that the information supplied	with this filing	does not qualify fo		TY-S		n Section 119,07(3)(i), Florida Statutes, I further certify that	t the information

Thereby being that the information supplies with this limit does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplies entitle 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 this receiver or trustee outpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on all all schment with an address.