

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000011465 (0)**

1. Corporation Name

**JOSEY PLUMBING COMPANY, INC.**

Principal Place of Business

**1916 TALPECO ROAD  
TALLAHASSEE FL 32303  
US**

Mailing Address

**1916 TALPECO ROAD  
TALLAHASSEE FL 32303  
US**

2. Principal Place of Business

**21 1916 Talpeco Rd**

Suite, Apt. #, etc.

City & State

**23 Tallahassee, FL**

Zip

**24 32303**

Country

**25 U.S.**

2a. Mailing Address

**26 Same**

Suite, Apt. #, etc.

City & State

**27**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**JOSEY, AL  
1916 TALPECO ROAD  
TALLAHASSEE FL 32303**

3. Date Incorporated or Qualified

**02/15/1993**

3a. Date of Last Report

**06/27/1996**

4. FEI Number

**59-3164816**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

DO NOT WRITE IN THIS SPACE

10. Name and Address of New Registered Agent

81. Name

**82 Same**

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

*Al Josey*  
Signature, typed or printed name, registration text and title if applicable

(None - Registered Agent signature required when reinstating)

DATE

**7-16-97**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **JOSEY, AL**  
STREET ADDRESS **1916 TALPECO ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VP** ☒ DELETE

NAME **REEVES, TIMOTHY**  
STREET ADDRESS **1916 TALPECO ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME **500002294445--3**

1.3 STREET ADDRESS **-09/16/97--01046--014**

1.4 CITY-ST-ZIP **\*\*\*\*165.00 \*\*\*\*165.00**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE *Al Josey*

**7-16-97** (RECEIVED) 7/16/97

FILED

97 SEP 16 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CR2E034 (4/97)

I AL JOSEY, President of  
Josey Plumbing NEVER RECEIVED  
my first Annual Report.

Al Josey