W: FILING FEE AFTER MAY 1ST IS \$550.00

ROFIT **ÓRPORATION** NNUAL REPORT 1999

JOHN'S PLUMBING SERVICE, INC.

1. Corporation Name



DOCUMENT # P93000033828

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90079 045 ***150.00

Principal Place of Business Mailing Address							\$ 68111 00100 S		0 11801 1911 IBBI
PO BOX 1703 P		-	PO BOX 1703						
TAVERNIER FL 33070		TAVERNIER FL 33070				DO NOT WRITE IN THIS SPACE			
							E IN THIS S	SPACE	
						3. Date Incorporated or Qualifed			
		A 44-10- A dalana				05/10/1993 4. FEI Number		- T I A	pplied For
	lace of Business	2a, Mailing Address				65-0409586			ot Applicable
21)	# ***	Suite, Apt. #, etc.				03 0409300			Additional
Suite, Apt.	#, etc.	<u>⊢</u>				5. Certifcate of Status Desired			equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23	• •.	28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	□No
1	9. Name and Address of Curre		1 1			10. Name and Address of New Ro	gistered A	gent	
				81 Name	е			-	
	, JONATHAN S			82 Stree	t Addres	ss (P.O. Box Number is Not Acceptal	ole)	•	
	WOODS AVE								
TAVE	ERNIER FL 33070			83					
	*			84 City				85 Zip	Code
	a .			,			FL_		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-name	d corpor	ation submits this statement for the page 2 is board of directors. I hereby accept	ourpose of o	changing it tment as c	s registered egistered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Stat	ites.	poration	s total of directors. Thereby decep-	tho appoin		9.5.5.5
	· · · · · · · · · · · ·								
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered age			Agent signatur	e required v	when reinstating)	DATE	DIDECT	
12.	OFFICERS AI	ND DIRECTORS	13.		e required v	when reinstating) ADDITIONS/CHANGES TO OFF			
12. 11TLE	OFFICERS AI		13.	n.E	e required v			DIRECT Change	
12. TITLE NAME	OFFICERS AT D LINE, JONATHAN S	ND DIRECTORS	13. 1.1 Ti 1.2 N	TLE AME					
12. 11TLE	OFFICERS AI D LINE, JONATHAN S PO BOX 1703 N/A	ND DIRECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si	TLE AME TREET ADDRES					
12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D LINE, JONATHAN S PO BOX 1703 N/A TAVERNIER FL 33070	ND DIRECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	TLE AME TREET ADDRES				☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LINE, JONATHAN S PO BOX 1703 N/A TAVERNIER FL 33070 D	ND DIRECTORS	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti	TLE AME TREET ADDRES TY-ST-ZIP TLE	s				Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LINE, JONATHAN S PO BOX 1703 N/A TAVERNIER FL 33070 D LINE, ARLENE J	ND DIRECTORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	TLE AME TREET ADDRES TY-ST-ZIP TLE	s			☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID LINE, JONATHAN S PO BOX 1703 N/A TAVERNIER FL 33070 D LINE, ARLENE J PO BOX 1703 N/A	ND DIRECTORS DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si	TLE TREET ADDRES TY-ST-ZIP TLE AME	s			☐ Change	Addition
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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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE: