PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038645

Corporation Name

ARTO'S SEWER & DRAIN PLUMBLING CO., INC.

Principal Plac	e of Business	•	Mailing Add	ress				1 11643163111	ie ilitao arri ileisi ad	ifi Bhiir dasab	stedt iften mit.	. #1961 Alle 1691	
1010 W HERNA	NDEZ		1010 W HERM	IANDEZ									
#A			PENSACOLA FL 32501-3053					DO NOT WRITE IN THIS SPACE					
PENSACOLA FL 32501-3053			US					3. Date incorporated or Qualified					٦
บร	•							05/25/1993					
9 94-35-35	N10 -1		2a. Mailing	Address				4. FEI Number	·			opplied For	-{
	Mace of Business		<u> </u>	4001622			٠.	59-318016	n~ ·			iot Applicable	Ⅎ
Suite, Apt.	# etc		26 Suite, Ar	of # #				39-3 100 10	<u> </u>			Additional	
22	w, 610.		27	A. W. OLU,				5. Certificate of S	Status Desired			Required	1.
City & Stat	te -		- City & S	late	=			6. Election Cam	nalon Financino		-\$5.00	May Be	-
23	-		28					Trust Fund Co			•	to Fees	ł
Zip		Country	Zip		Cou	intry		 		ent vear int	angible		7
24	25		29	<u></u>				8. This corporation owes the current year intengible Personal Property Tax.					
=-1		Address of Current			·	Γ	- 3-	10. Name and A		Registered	Agent] ;
						81	Name						
	or, arto jr					82	Street Address	en (O.O. Boy Mumb	ne in Not Accents	ntin'i			-j j
	s. 72ND aven	IUE					- ander warte:	Address (P.O. Box Number is Not Acceptable)				1	
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PEN	SACOLA FL 32	2506				l <u>.</u> .	50				The Table	Code	- {
					•	84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions	of Sections 607.0502	and 607.1508, F	lorida Statutes	the a	bove i	named corpor	ration submits this s	tatement for the	purpose of	changing il	s registered	7 1
office or r	registered agent. Im familiar with.	or both, in the State of and accept the obligat	of Florida. Such c lons of Section 6	hange was auti i07.0505. Florid	rorized a Stati	j by th utes.	ie corporation	n's board of director	s. I hereby acce	of the appoi	nument as I	egistered	-
SIGNATURE										•			1 1
300000000	Signeture, lyped or pr	inted name of registered agent		(NOTE: Re	gistered	Agent s	ignature required t			DATE			
12.		OFFICERS ANI			13.			ADDITIONS/CI	LANGES TO OF	FICERS AN			- [왕]
TITLE	S		1	DELETE	1.1 TI	ne	i					Addition	
	1 11001/1540 11			J							Change	-	1 🖺
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STREET ADDRESS	1400 E. BAA	RS ST.	-		1214	WE	DORESS				Cleaning	_	2E034 (
STREET ADDRESS CITY-ST-ZIP		RS ST.			1.3 ST 1.4 CT	REET AL							CR2E034 (
STREET ADDRESS CITY-ST-ZIP TITLE	1400 E. BAA PENSACOLA	RS ST. FL 32503		OELSTE	1.2 NA 1.3 ST 1.4 CI 2.1 TII	REET AL TY-ST-Z					Change		R2E034 (
STREET ADDRESS CITY-ST-ZIP TITLE NAME	1400 E. BAAI PENSACOLA PRESII	RS ST. FL 32503 DENT			1.2 NA 1.3 ST 1.4 Cf 2.1 Tf 2.2 NA	REET AI TY-ST-Z TLE WE	<u> </u>	110 WFST	HEDNAN		Change		CR2E034 (
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESII ARTO	RS ST. FL 32503 DENT PRYOR, JR.	32501~] DELETE	1.3 ST 1.4 CT 2.1 TTI 2.2 ST 2.4 CT 3.1 TTI	TREET AL TY-ST-Z TLE AME TREET AL TY-ST-Z TLE	DORESS 10				□ Change	☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESII ARTO	RS ST. FL 32503 DENT PRYOR, JR.	32501-	OELETE 3053	1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 CC	TREET ALT TY-ST-Z TLE THE TY-ST-Z TLE TY-ST-Z TLE TY-ST-Z TTY-ST-Z TTY-ST-Z TTY-ST-Z	DORESS 1(P)				Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PRESII ARTO	RS ST. FL 32503 DENT PRYOR, JR.	32501-	OELETE 3053	1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 SY 2.3 ST 2.4 CC 3.1 TT 3.2 NA 3.3 ST 3.4 .CC 4.1 TT 4.2 NA	TREET ALL TY-ST-Z TLE TREET ALL TY-ST-Z TLE TREET ALL TY-ST-Z TREET ALL TY-ST-Z TLE TREET ALL TY-ST-Z TLE AME	DORESS 1 (P) DORESS 2P				Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESII ARTO	RS ST. FL 32503 DENT PRYOR, JR.	32501-	OELETE OELETE OELETE	1.2 NA 1.3 ST 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 CD 3.3 ST 3.4 CD 4.1 TT 4.2 NA 4.3 ST 4.4 CT 5.1 TT 5.2 NA	TY-ST-2 THE TABLE THE TABL	DORESS 1 (P) DORESS ZP DORESS ZP				Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESII ARTO	RS ST. FL 32503 DENT PRYOR, JR.	32501-	OELETE 3053 DELETE	1.2M 1.3ST 1.4CC 2.1TC 2.2M 2.2ST 3.1TC 3.3ST 3.4.CC 4.1TC 4.2N 4.3ST 4.4CC 5.1TC 5.2M 5.3ST 5.4CC 6.1TC 5.4CC 6.1TC 6.1TC	THE TAIL TO THE TAIL THE TAIL TO THE TAIL THE TAIL TO THE TAIL THE TA	DORESS 1 (P) DORESS ZP DORESS ZP	ENSACOLA			Change	Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PRESII ARTO	RS ST. FL 32503 DENT PRYOR, JR.	32501-	3053 DELETE	1.2 N/M 1.3 ST 1.4 CT 1.2 2 N/M 2.3 ST 2.4 CT 3.1 TT 3.2 N/M 3.3 ST 3.4 CT 4.1 TT 4.2 N/M 4.2 N/M 4.3 ST 1.5 2 N/M 5.3 ST 1.5 2 N/M 5.3 ST 1.5 2 N/M 6.3 ST 1.6	THE TAIL TO THE TAIL THE TAIL TO THE TAIL THE TAIL TO THE TAIL THE TA	DORESS 1 (P) DORESS ZP DORESS ZP DORESS	ENSACOLA			Change	Addition Addition Addition	

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 turther certify that the information indicated on this ennual 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 attachingery with an address, with all other like empowered.

SIGNATURE:

At Priza of.

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FILED

Apr 26, 1999 8:00 am Secretary of State

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