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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000056128 (0)

DEAN PLUMBING OF BOYNTON, INC.

Principal Place of Business	· · ·
127 S.E. 11TH AVENUE	
BOYNTON BEACH FL 33435	

Mailing Address

127 S.E. 11TH AVENUE

FILED Apr 27 1998 8:00am Secretary of State



BOYNTON BEACH FL 33435 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0442551 Not Applicable Suite. Apt #. etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year totangible ☐ Yes 20 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZIMMERMAN, DEAN 127 S.E. 11TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** 83 84 City Zip Code 85 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.

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SIGNATURE Signature, typed or printed name of agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE				
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D, P, S DELETE	1.1 TITLE	Change Addition	
NAME	ZIMMERMAN, DEAN	1.2 NAME		
STREET ADDRESS	127 S.E. 11TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33435	1.4 CITY-ST-ZIP		
TITLE	□ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME		3.2 NAME	į į	
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-S1-ZIP		6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filling 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 ampowered 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: