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FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000075968 (6)

1. Corporation Name
MASTERCARE PLUMBING INC.



Principal Place of Business

1178 SUNLIGHT CT
ST CLOUD FL 34771

Mailing Address

1178 SUNLIGHT CT
ST CLOUD FL 34771-9053

3. Date Incorporated or Qualified
10/27/1993

3a. Date of Last Report
10/28/1996

2. Principal Place of Business

21 1178 Sunlight Ct

Suite, Apt #, etc.

22 City & State
St Cloud FL

23 Zip

24 34771

Country

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2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

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4. FEI Number
59-3213628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALLRED, DONNA L
1178 SUNLIGHT CT
ST CLOUD FL 34771

10. Name and Address of New Registered Agent

81 Name

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 *Donna L Allred*

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

1-7-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P ALLRED, DONNA L
STREET ADDRESS
1178 SUNLIGHT CT
CITY-ST-ZIP
ST CLOUD FL 34771

TITLE ☒ DELETE

NAME
VP ALLRED, JAMES M
STREET ADDRESS
1178 SUNLIGHT CT
CITY-ST-ZIP
ST CLOUD FL 34771

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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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

NAME
VP Michael S Allred
STREET ADDRESS
4829 Cypress Creek Ranch Rd
CITY-ST-ZIP
St Cloud, FL 34772

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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: *Donna L Allred*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 407-892 4020

Date

Daytime Phone #

CR2E034 (9/96)