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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *p93000075968*

1. Corporation Name

Master Care Plumbing Inc

Principal Place of Business

Mailing Address

*1178 Sunlight Ct
St Cloud FL 34771*

- Amended -

3. Date Incorporated or Qualified

10-22-93

3a. Date of Last Report

1-1-97

2. Principal Place of Business

21 1178 Sunlight Ct

Suite, Apt. #, etc.

22

City & State

23 St Cloud FL

Zip

24 34771

Country

25 Osceola

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

*Donna L. Allred
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

Donna L. Allred

(NOTE: Registered Agent signature required when resigning)

2/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE *President* ☒ DELETE

NAME *Donna L. Allred*

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

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

1.1 TITLE *President* ☒ Change ☐ Addition

1.2 NAME *Michael Allred*

1.3 STREET ADDRESS *4829 Cypress Creek Ranch Rd*

1.4 CITY-ST-ZIP *St Cloud FL 34771*

2.1 TITLE *Vice President* ☐ Change ☒ Addition

2.2 NAME *Paula Allred*

2.3 STREET ADDRESS *1178 Sunlight Ct*

2.4 CITY-ST-ZIP *St Cloud FL 34771*

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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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*A. Allred
9/10/97*

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

Donna L. Allred 2/28/97
Date Daytime Phone: #

CR2E034 (9/96)