## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000009753 (2)

R.D. HIGBIE PLUMBING & HEATING, INC.

**FILED** Mar 18 1998 8:00am Secretary of State



180 WARD DI WINTER PARI US	( FL 32789  Place of Business  #, etc.	Mailing Address  190 WARD DR WINTER APRK FL 3276 US  2a. Mailing Address 26 Suite, Apt W, etc. 27 City & State 28	89		DO NOT WRITE IN THE STATE OF TH	ansin 1891 sandt Brink 1114 1061
Zip 24	Country			ntry	8. This corporation owes or has paid the current year Intangible	
24	g, Name and Address of Cur	[29] rrent Registered Agent	gent [30]		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
HIGBIE, RICHARD D 190 WARD DR WINTER APRIK FL 32789				83 84 City	Address (P.O. Box Number is Not Acceptable)	S 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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstalling)  DATE						
12.	OFFICERS D	AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	HIGBIE, RICHARD D	☐ brreit	1.1 TIT 1.2 NA			Change Addition
STREET ADDRESS				me Reet aodress	190 WARD DR	į.
CITY-ST-ZIP	LAKELAND FL 33811	-		Y-ST-ZIP	WINTER PARK FL 3278	ا ا
TITLE	D	☐ DELETE	2.1 TIT	<del></del>		Change Addition
NAME	HIGBIE, ANN L		ME	10		
STREET ADDRESS	LAVELAND EL COOLL			reet address	190 WARD DR. WINTER PORK, FL 3278	A .
CITY-ST-ZIP TITLE	-LAKELAND FL-60011	☐ DELETE	2. 4 Cl	TY-ST-ZIP	WINTER YORK, IL 3278	Change Addition
NAME		□ Artrit	3.1 III 3.2 NA			ET CHANGE ET WOUNDU
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE	☐ DELETE 4.11		4.1 T(T	LE		Change Addition
NAME			4. 2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CIT 5.1 TIT	Y-ST-ZIP		Change Addition
NAME		_ otter	5.2 NA			CO CHANGE CO MORROW
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TiT	.E		Change Addition
NAME			6.2 NAI	ME		
STREET ADORESS				IEET ADDRESS		
City-St-ZiP	certify that the information supplies	d with this filing does not qualify	6.4 CIT	Y-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I furthe	r 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.

PICHAON N. HIGBIE