Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90255 004 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400009909

1. Corporation Name

D. BALDWIN PLUMBING CO.

Principal Place of Business			Mailing Address					18811881 tre 1811						
17362 90TH TERR			17362 90TH TERR											
LIVE OAK FL 32060 US			LIVE OAK FL 32060				DO NOT WRITE IN THIS SPACE							
			US					3 Date I	acorporated of			01 70		
									1/1994	" Quamec	•			
2 Principa P	lace of Business	<del></del>	2a, Mailing Addre	988				4. FEI N					Apr	lied For
2. Principa Place of Business			26						21712		Not Applicable			
Suite, Apt.	# etc		Suite, Apt. #,	etc.								\$8.		iditional
22	,, o.c.		27					5. Certifo	ate of Status	Desired			ee Rec	
City & Stat			City & State					6. Election	1 Campaign	Financing		\$5	.00	1av Be
23			28						und Contribu				ided to	,
Zip	Count	ry	Zip		Country	,		8. This c	rporation ow	es the cur	rent year int	angible		,
24	25		29	30	7			Perso	al Property	ax.		☐ Ye	s }	<b>S</b> No
	9. Name and Add	ess of Current	Registered Agent					10. Name	and Addres	s of New	Registered	Agent		
					81	N.	ame							
	OWIN, DENNISE M				82	S	treet Ac di	ress (P.O. Bo	Number is I	Not Accept	table)			
17362 90TH TERR														
LIVE	OAK FL 32060				83									
					84	1	14	_				85	Zip C	ndo
					04		ity				FL	.   65	Z.p 0	,,,,,,
office or r	to the provisions of Se egistered agent, or bo' m familiar with, and ac	h, in the State o cept the obligati	f Florida. Such chang ons of, Section 607.0	je was autho 1505, Florida	Statutes	the 3.	corpora ti	on's board of	Cirectors. I ne	reby acce	pt the appoi	ntment	as reg	stered
12.		OFFICERS AND		(NOTE: NO	13.	nt sigi			ONS/CHANG	ES TO O		ID DIR	ECTOR	S IN 12
TITLE	<u></u>	SIT TOLINO TITLE	DE	LETE	1.1 TITLE				<u> </u>			Ch	_	Addition
NAME	BALDWIN, DENNIS	E M			1.2 NAME									
STREET ADDRESS	17362 90TH TERR				1.3 STREE	TADD	IRESS							
	LIVE OAK FL				14 CITY-S									
CITY-ST-ZIP	LIVE OAK IL	<del>_</del>		LETE -	2.1 TITLE	)						□ Ct	ange	Addition
NAME					2.2 NAME									
					2.3 STREE	TANC	DESC							
STREET ADDRE 3S					2.4 CITY-5									
CITY-ST-ZIP TITLE			DE	LETE	3.1 TITLE	31-ZIF						□ Ch	ange	Addition
NAME			3		3.2 NAME		]					_	-	
				i	33 STREE	T ADD	DESC							
STREET ADDRESS					34 CITY-5									
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NAME			<b>_</b>	1	4,2 NAME								-	
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STREET ADDRESS					4.3 STREE									
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					5.3 STREE	TADD	RESS							
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CITY-ST-ZIP TITLE				LETE	6.1 TITLE			_				□ Cł	nange	Addition
NAME					6.2 NAME								-	_
STREET ANDRES S					63 STREE		RESS							

CITY-ST-ZIP 14. 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 further cortify 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with a light empowered.

NG OFFICEF OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

904-364-1880