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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90195 026 ***150.00

DOCUMENT # **P94000023202**

A-1 PLUMBING, INC.

				_					
Principal Plac	ce of Business	Mailing Address							
232 HOLLAND	232 HOLLAND ST.								
CRESTVIEW FL 32536 US CRESTVIEW FL 32536 US US						DO NOT WRITE IN THIS	SPACE		
03		03				3. Date Incorporated or Qualifed 03/22/1994			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For	
21						59-3231579	<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.0	May Be	
23		28	28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Co	untry		8. This corporation owes the current year in	tangible		
24	25	29	30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curr	rent Registered Agent	_ ······ ·			10. Name and Address of New Registered	Agent		
	0011 101111 0			81	Name				
	SON, JOHN C			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	HOLLAND ST.				0				
CRE	STVIEW FL 32536			83					
				84	City		85 Z	p Code	
				84	City	F!	_ 05 ~	p code	
SIGNATURE	Signature, typed or printed name of registered a	agent and talle if applicable. (NO AND DIRECTORS	TE: Registere		t signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	OP			TILE			Chang	e Addition	
NAME	NELSON, JOHN C		1.2 NAME 1.3 STREE 1.4 CITY-1						
STREET ADDRESS	AND LIGHT AND OT				ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL				r-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE				Chang	e Addition	
NAME	NELSON, YVONNE B		2.2 NAME						
STREET ADDRESS	232 HOLLAND ST		2.3 9	TREET	ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL		2.4	CITY-S	T-ZIP				
TITLE	S	☐ DELETE		3.1 TITLE			Chang	e 🗌 Addition	
NAME	NELSON, YVONNE B		3.21	IAME					
STREET ADDRESS	232 HOLLAND ST		3.3 5	TREET	ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL		3.4.	CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1	TILE			☐ Chang	je 🗌 Addition	
NAME	1		4. 2	NAME	1				
STREET ADDRESS	3		4.3 9	TREET	ADDRESS				
CITY-ST-ZIP			4.4 (MY-ST	r-ZIP				
TITLE	\		ITLE				e 🗌 Addition		
NAME							Chang		
STREET ADDRESS	el .			NAME			Chang		
CITY-ST-ZIP	1				ADDRESS		☐ Chang		
TITLE			533 540	STREET STY-ST					
71124		☐ DELETE	5.3 \$ 5.4 (6.1 T	STREET SITY-ST TILE			☐ Chang	e Addition	
NAME		☐ DELETE	5.3 3 5.4 0 6.1 7 6.2 f	STREET CITY-ST TILE NAME				e Addition	

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 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)