

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 04 1997 8:00am  
Secretary of State

DOCUMENT # P94000034079 (1)

1. Corporation Name

SCOTT MAXWELL PLUMBING CONTRACTOR, INC.



Principal Place of Business

411 PALM STREET  
WEST PALM BCH FL 33401  
US

Mailing Address

880 FLORIDA MANGO RD  
WEST PALM BEACH FL 33406-4425

3. Date Incorporated or Qualified  
05/02/1994

3a. Date of Last Report  
04/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 411 Palm Street

27 Suite, Apt. #, etc.

28 West Palm Beach, FL

29 Zip

33401

Country

30

4. FEI Number  
65-0485283

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

MAXWELL, SCOTT E  
880 FLORIDA MANGO RD  
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name  
MAXWELL, SCOTT E

82 Street Address (P.O. Box Number is Not Acceptable)  
411 PALM Street

83

84 City  
West Palm Bch FL

85 Zip Code  
33401

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MAXWELL, SCOTT E  
STREET ADDRESS 880 FLORIDA MANGO RD  
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME MAXWELL, SCOTT E  
1.3 STREET ADDRESS 411 PALM Street  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
2.2 NAME DEBRA MAXWELL  
2.3 STREET ADDRESS 411 PALM Street  
2.4 CITY-ST-ZIP W.P.B., FL 33401

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 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97 (561)835-1414

Date

Daytime Phone #

0299427

CR2E034 (9/96)