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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90052 030 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000034079			
1. Corporation Name SCOTT MAXWELL PLUMBING CONTRACTOR, INC.			
Principal Place of Business 411 PALM STREET WEST PALM BCH FL 33401 US		Mailing Address 411 PALM STREET WEST PALM BEACH FL 33401 US	
2. Principal Place of Business 21 16396 E. Downers Dr Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 17962 Suite, Apt. #, etc.	
22 City & State 23 LOXAHATCHEE, FL		27 City & State 28 WEST PALM BEACH, FL	
24 Zip 33470 Country US		29 Zip 33470 Country US	
9. Name and Address of Current Registered Agent MAXWELL, SCOTT E 411 PALM ST WEST PALM BEACH FL 33401		10. Name and Address of New Registered Agent 81 Name MAXWELL, SCOTT E. 82 Street Address (P.O. Box Number is Not Acceptable) 16396 E. Downers Dr. 83 LOXAHATCHEE, 84 City FL 85 Zip Code 33470	
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 SCOTT E. MAXWELL Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME MAXWELL, SCOTT E STREET ADDRESS 411 PALM ST CITY-ST-ZIP WEST PALM BEACH FL 33401		1.1 TITLE P 1.2 NAME MAXWELL, SCOTT E. 1.3 STREET ADDRESS 16396 E. Downers Dr. 1.4 CITY-ST-ZIP LOXAHATCHEE, FL 33470	
TITLE ST NAME MAXWELL, DEBRA STREET ADDRESS 411 PALM STREET CITY-ST-ZIP WEST PALM BCH FL 33401		2.1 TITLE ST 2.2 NAME MAXWELL, DEBRA 2.3 STREET ADDRESS 16396 E. Downers Dr. 2.4 CITY-ST-ZIP LOXAHATCHEE, FL 33470	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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, with all other like empowered.

SIGNATURE SCOTT E. MAXWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-16-99
Date
561-835-1414
Daytime Phone #