PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACOCORRACA

Principal Place 6588 N.E. 25TH OCALA FL 3447	NE PLUMBERS OF OCALA, o of Business I AVENUE				DO NOT WRITE IN THI 3. Date Incorporated or Qualifed 05/17/1994			
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21	ace of Daniella	26			59-3267542	Nic	t Applicable	
Suite, Apt.	#, efc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27				Fee Re		
City & State	<u> </u>	City & State	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1		
Zip	Country	Zip	Cour	dry	This corporation owes the current year in Personal Property Tax.		□No	
24	9. Name and Address of Curren		101		10. Name and Address of New Registere			
	S. Mains and Address of Culture	t Kagiataidu rigerit		81 Name				
	eth, Joan		ļ	B2 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
	N.E. 8TH AVENUE			0.000.7%		<u>:</u>		•
OCA	LA FL 34470			83				
ļ	•		1	84 City		85 Zip (Code	
	207.050	2 and CO7 4500 Florida Cirtuta	- +00 01	ovo comod co	omoration submits this statement for the ourcese	of changing its	registered	=
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida, Such change was autions of Section 607 0505. Flori	thorized	by the corpora	ation's board of directors. I hereby accept the app	ointment as re	gistared	
SIGNATURE	Jack & Brown				ulred when reinstating) 4//9/99			6
	Signature, typed or printed name a registered agen				4//9/99	ND DIRECTO	RS IN 12	1/08)
SIGNATURE	Signature, typed or privide number of registrated agent OFFICERS AN	nt and title if applicable. (NOTE: F	Registered /	egent algorature req	(ulred when reinstating) DATE			(11/08)
SIGNATURE	Signature, typed or privide nurse a regulared agent OFFICERS AND HARRIS, JACK R	n and title if applicable. (NOTE: F	13. 1,1 TIII 1,2 NA	geni signature req E	(ulred when reinstating) DATE	ND DIRECTO	RS IN 12	
SIGNATURE 12. TITLE	Signature, typed or privide nurse a registered agent OFFICERS AN D HARRIS, JACK R 6586 N.E. 25TH AVENUE	n and title if applicable. (NOTE: F	13. 1,1 TIII 1,2 NA/ 1,3 STF	LE LE LEET ADORESS	(ulred when reinstating) DATE	ND DIRECTO	RS IN 12	2F074 (11/08)
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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 ennual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED MAINE OF SKINING OFFICER OR DIRECTOR

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FILED

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90013 022 ***150.00