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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000040509**  
 1. Corporation Name  
**COURTNEY PLUMBING, INC.**



Principal Place of Business: 1641 E ALFRED ST, TRAVRES FL 32778, US  
 Mailing Address: 1641 E. ALFRED STREET, TAVARES FL 32778, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 13607 SOUTH RIDGE INDUSTRIAL DRIVE, PR, TAVARES, FL 32778  
 2a. Mailing Address: 27 13607 SOUTH RIDGE INDUSTRIAL DRIVE, TAVARES, FL 32778  
 23. City & State: TAVARES, FL  
 24. Zip: 32778, 25. Country: [ ]  
 28. City & State: TAVARES, FL  
 29. Zip: 32778, 30. Country: [ ]

3. Date Incorporated or Qualified: 05/27/1994  
 4. FEI Number: 59-3240982, Applied For: [ ] Not Applicable  
 5. Certificate of Status Desired: [x] Yes, \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: [ ] No, \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: [x] Yes, [ ] No

9. Name and Address of Current Registered Agent  
 COURTNEY, SCOTT E  
 12201 S. PUTNEY COURT  
 LEESBURG FL 34788

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City: FL, 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COURTNEY, SCOTT E	1.1 TITLE	[ ] Change [ ] Addition
NAME	COURTNEY, SCOTT E	1.2 NAME	
STREET ADDRESS	12201 S. PUTNEY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	1.4 CITY-ST-ZIP	
TITLE	D COURTNEY, HERBERT F	2.1 TITLE	[ ] Change [ ] Addition
NAME	COURTNEY, HERBERT F	2.2 NAME	
STREET ADDRESS	27936 LOIS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
TITLE	D COURTNEY, SUSAN	3.1 TITLE	[ ] Change [ ] Addition
NAME	COURTNEY, SUSAN	3.2 NAME	
STREET ADDRESS	27936 LOIS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Courtney Date: 1/25/99 Daytime Phone #: (352) 343-3763

CR2E034 (11/98)