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

PROFIT CORPORATION ANNUAL REPORT

1998

14. I hereby certify that the information supplication this annual report or supplication or director of the corporation of the Block 12 or Block 13 if change 1, or may



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

. J. IRBNINGS, JOH GOMIN HIGHA RABNI BODIN BADNI BODIN HARAN INDIA MARAN BARNI BERNA DEBAN DIRAK

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000071942 (4)

MARK ANTHONY PLUMBING SERVICE, INC.

<u> </u>	ID.					83/11 18 881 1/8/8 18/11 B/3/8 f/8/ 18/8	
Principal Place of Businoss Mailing Address							
501 S FALKE	NBURG ROAD	P.O. BOX 1514					
STE #C-4 TAMPA FL 33619		BRANDON FL 33509 US			DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
US	010	03			3. Date Incorporated or Qualified		
''					09/26/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0526711	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.				\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip Country		Zip			8. This corporation owes or has paid the current year Intangible		
24	25			Personal Property Tax due June 30. Yes 🔣 No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Regi	stered Agent	
GEORGETTE, MARK A JR. 1619 CROSSRIDGE DR				B1 Nar			
			B2 Stre	Address (P.O. Box Number is Not Acceptable)		
BR∕	ANDON FL 33510		_				
				B3			
			ļ.	84 City		85 Zip Code	
		00 100 110 01 11 0				FL 10 2 P COOC	
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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered as			Agent sign:	e required when reinslating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	OFODOFTTE MADY A ID	☐ DELETE	1.1 TiT			Change Addition	
NAME	GEORGETTE, MARK A JR		1.2 NA				
STREET ADDRESS	1619 CROSSRIDGE DR			EFT ADDRE			
CITY-ST-ZIP	BRANDON FL 33510	DELETE		Y-ST-ZIP		Change Addition	
TITLE	GEORGETTE, VIRGINIA E	ניין טנננונ	2.1 TIT		1	☐ Change ☐ Addition	
NAME OTREET ARCOCCO	1619 CROSSRIDGE DR		2.2 NAI		•		
STREET ADDRESS	BRANDON FL 33510			EET ADDRE			
CITY-ST-ZIP TITLE	DIMIDON IL 33310	DELETE	2 4 CR	Y-ST-ZIP		☐ Change ☐ Addition	
NAME			3.1 (III			E cuando E vagition	
STREET ADDRESS				ae Eet addre			
CITY-ST-ZIP							
TITLE	······································		4.1 TITI	Y-ST- Z IP E		Change Addition	
NAME			4 2 NA				
STREET ADORESS				eet addre			
CITY-ST-ZIP				r-S1- <i>7</i> 1P			
TITLE			51 TIT			Change Addition	
NAME			5.2 NA			_ · _	
STREET ADDRESS				 Eet addre:			
CITY-ST-ZIP				(-ST-ZIP			
TITLE			6.1 7/11			☐ Change ☐ Addition	
NAME			6.2 NA				
STREET ADDRESS			1	EET ADDRES			

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information neutral 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 e required by Chapter 607, Florida Statutes; and that my name appears in

- 20 00