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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

DIVISION OF CORPORATIONS P94000083935 (4)

ABSOLUTE PLUMBING OF S.W. FLORIDA, INC.

Principal Place of Business Mailing Address 1343 BRADFORD RD. 1343 BRADFORD RD. FORT MYERS FL 33901 FORT MYERS FL 33901 3. Date Incorporated or Qualified 11/16/1994 4. FEI Number 65-0546710 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SMITH, WILLIAM R 82 Street Address (P.O. Box Number is Not Acceptable) 8191 COLLEGE PARKWAY SUITE 300 83 FORT MYERS FL 33919 84 City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 1966 Change ☐ Addition MCGARITY, KATHY D NAME 1.2 NAME 1343 BRADFORD RD. STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33901 CITY - \$1 - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 THILE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 C(1Y - ST - ZIP TITLE DELFTE 3. 1 TATLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - \$1 - 7IP TIME DELETE Change 4. 1 TITLE Addition NAME 4.2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE [] DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CHTY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 manged, or on an all achiment with an address.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 DITY-ST-ZIP

6 1 TITLE

SIGNATURE:

TIFLE

NAME STREET ADDRESS

CITY-SI-ZIP

DELETE

5-6-96

Change

☐ Addition

CR2E034 (12/95)