Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003537

1. Corporation Name

ADCOLUTE DI HADINO CEDIZOEC INO

ABSOLU	TE PLUMBING SERVICES,	INU.								
Principal Place	e of Business	Mai	ling Address			-	-	# # # # # # # # # # # # # # # # # # #	8111 88188 71 18 ‡ 81188	COLFO COMP. FEED!
PO BOX 27417	2	PO	BOX 274142							
TAMPA FL 33688 TAMPA FL 33688						DO NOT WR	ITE IN T	HIS SPACE		
US US						3. Date Incorporated or Qualifed		THO OF AGE		
							01/12/1995			
2 Principal P	lace of Business	2a.	Mailing Address	5			4. FEI Number		I Ap	plied For
21	lace of business	26	maining / tour oot	•			59-3285883		<u> </u>	t Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, et	ic.					\$8.75	
22		27	الرياء محق لمساد للمسار				5. Certificate of Status Desired		Fee.Re	quired
City & Stat	re		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country		Zip		intry		8. This corporation owes the cur	rent yea		₩.
24	25	29		30			Personal Property Tax.	=	Yes	Mγο
	9. Name and Address of Currer	nt Regist	ered Agent		81	Name	10. Name and Address of New	Kegiste	red Agent	
DAL.	V THOMAC I				01	Name				
	y, thomas j 9 southbreeze dr.				82	Street Addres	ss (P.O. Box Number is Not Accept	able)		
	PA FL 33624									
IAW	FA FE 33024				83					
					84	City			85 Zip (Code
agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligations.	02 and 60 of Florida ations of,	7.1508, Florida a. Such change Section 607.050	Statutes, the a was authorized 05, Florida Stat	bove by t utes.	e-named corpor the corporation	ration submits this statement for the n's board of directors. I hereby acce		e of changing its opointment as re	registered gistered
11. Pursuant office or ragent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation of the state	ations of,	applicable.	os, Fionda Stat	utes.	e-named corpor the corporation		purpos pt the ap	E AND DIRECTO	RS IN 12
agent. I a SIGNATURE	im familiar with, and accept the obligation of t	ations of,	applicable.	(NOTE: Registered	i Agent	e-named corporation	when reinstating)	purpos pt the ap	·	
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CITY-ST-ZIŘŸĴĠ 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.

6.4 CITY-ST-ZIP

SIGNATURE: