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

PROFIT CORPORATION ANNUAL REPORT

PRIORITY PLUMBING, INC.



DOCUMENT # P95000038337

FLORIDA DEPARTMENT, OF STATE Katherine Harris

Secretary of State

1999

1. Corporation Name

DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90032 038 ***150.00



	•				
Principal Place	of Business	Mailing Address			
530 S COUNTY SUITE 152		530 S COUNTY RD 427 SUITE 152			
LONGWOOD FL				DO NOT WRITE IN THI	S SPACE
US		US		3. Date Incorporated or Qualifed 05/12/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	- 1 au	4. FEI Number	Applied For
21 /6/4.9	PRINGTIME LOOP	26 1699 STKIN	IETIME LOUP	59-3314798	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ER PARK, FI	City & State 28 WINTER PARK	(F)	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zig} スンフク	25 SEMINOLE	^{Zip} 32792 30	SEMINO E	This corporation owes the current year I Personal Property Tax.	☐ Yes Zho
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
noo	4 F 34/0 4 4 4 4 4 1 1 7		81 Name	AREN A. HEIL	
	LE, WILLIAM IV W COLONIAL DR		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ANDO FL 32804		99 77 70		
OND			83 /699	SHRING IME LOO	P
			84 City	PAOK F	85 35 Code 1
	At the annulaine of Continue 607 0502	and 607 1508 Florida Statutes	the above-named corn	pration submits this statement for the purpose	of changing its registered
office or r	ocietored agent or both in the State Of	t Florida. Such change was auff	nonzea av the corporatio	on's board of directors. I hereby accept the app	ointment as registered
	m familiar with, and accept the obligation	ons of, Section 607,0302, Fiolid		/ LI-1-	-99
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. NOTE: Ri	egistered Agent elignature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETÉ	1.1 TITLE		☐ Change ☐ Addition
NAME	HEIL, RICHARD L		1.2 NAME		
STREET ADDRESS	1699 SPRINGTIME LOOP		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792-6393	O DESETT	1.4 CITY-ST-ZIP		Change Addition
TITLE	D	☐ DELETE	2.1 TITLE		
NAME	LEONARD, JEFFREY J		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	□ DELETE	2.4 CITY-ST-ZIP	and the second s	☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS	}		3.4. CITY-ST-ZIP		1
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	4	
STREET ADDRESS	1		6.3 STREET ADDRESS		1

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 Grapter 617. 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. CITY-ST-ZIP

SIGNATURE: Tich