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PROFIT CORPORATION **ANNUAL REPORT**

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

941-498-5002

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000043075 (7)

MARCHETTI PLUMBING, INC. Principal Place of Business Mailing Address 3940 BENNETT LANE 3940 BENNETT LANE BONITA SPRINGS FL 34134-4123 BONITA SPRINGS FL 40999-34134 3. Date incorporated or Qualified 3a. Date of Last Report 06/06/1995 05/01/1996 2. Principal Place of Business 4. FEL Number 2a. Mailing Address Applied For 65-0586181 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & Stato \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 ☐ No 24 25 Florida Statutes Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARCHETTI, JULIA R 3940 BENNETT LANE 82 Street Address (P.O. Box Number is Not Acceptable) **BONITA SPRINGS FL 33923** 83 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 agent, or hoth, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE MARCHETTI, MICHAEL J NAME 1.2 NAME 3940 BENNET LANE STREET ADDRESS 1.3 STREET ADDRESS **BONITA SPRINGS FL** 34134 CITY-ST-ZIP 1.4 CITY - \$1 - 2IP DELETE Addition TITLE Change 2.13016 MARCHETTI, JULIA R 2.2 NAME 3940 BENNETT LANE STREET ADDRESS 2.3 STREET ADDRESS 34134 <u>34134</u> **BONITA SPRINGS FL** CITY-ST-ZIP 2 4 Cf1Y-\$1-ZiP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE Change Addition 41301 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-74P DELETE TITLE 51 HILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 THLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZiP 14. To hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(f), 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 logal 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.