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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053029

1. Corporation Name

BUDGET PLUMBING & UTILITY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1995

4. FEI Number

59-3320872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

Principal Place of Business

525 VERNA BLVD
SUITE 12
JACKSONVILLE FL 32205
US

Mailing Address

P.O. BOX 62285
JACKSONVILLE FL 32219

2. Principal Place of Business

21 5625 Verna Blvd

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 13

27

City & State

23 Jacksonville Fla.

28

Zip

Country

24 32205

25

USA

29

30

9. Name and Address of Current Registered Agent

JOHNSON, DAVID E
5625 VERNA BLVD
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 David E. Johnson - D

Signature, typed or printed name of registered agent and title if applicable.

David E. Johnson

(NOTE: Registered Agent signature required when reinstating)

3-31-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME JOHNSON, DAVID E
STREET ADDRESS 8081 NORMANDY BLVD., #6
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE T ☒ DELETE
NAME SBANO, JOSEPH
STREET ADDRESS 8081-6 NORMANDY BLVD #6
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 5 ☐ Change ☒ Addition
1.2 NAME Valerie L. Johnson
1.3 STREET ADDRESS 8025 Verna Blvd, Suite #13
1.4 CITY-ST-ZIP Jax, Fla. 32205

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

David E. Johnson

David E. Johnson

3-31-99

Date

904-781-9242

Daytime Phone #

CR2E034 (1/1/98)