

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90124 046 ***150.00

DOCUMENT # **P95000058732**

1. Corporation Name
CALOOSA PLUMBING, INC.



Principal Place of Business
**2350 CRYSTAL ROAD
FORT MYERS FL 33907**

Mailing Address
**2350 CRYSTAL ROAD
FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/28/1995

4. FEI Number
65-0599256

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATES, BARBARA
7141 TWIN EAGLE LANE
FORT MYERS FL 33912**

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 607.0509, Florida Statutes.

SIGNATURE

Barbara D. Bates

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ROSARIO, JUAN**
CITY-ST-ZIP **7141 TWIN EAGLE LANE
FORT MYERS FL 33912**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **N/A**
1.3 STREET ADDRESS **7141 Twin Eagle Lane**
1.4 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ DELETE
NAME **VSTD**
STREET ADDRESS **BATES, BARBARA**
CITY-ST-ZIP **7141 TWIN EAGLE LANE
FORT MYERS FL 33912**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **No**
2.3 STREET ADDRESS **Barbara D. Bates**
2.4 CITY-ST-ZIP **7141 Twin Eagle
Fort Myers FL 33912**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCHALE, GERARD A JR**
CITY-ST-ZIP **8191 COLLEGE PARKWAY #310
FORT MYERS FL 33919**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Barbara D. Bates *Barbara D. Bates* 4/27/99 941-278-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)