**FILED** 

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90031 009 \*\*\*150.00

## 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

## DOCUMENT # P95000061687

TIMOTHY N. THOMAS PIPING & MAINTENANCE, INC.

Principal Place of Business 3016 SNELL ST JACKSONNILE FL 32218  2. Principal Place of Business 2. Meiling Address 3. Date Incorporated or Qualified Or						
JACKSONVILLE FL 32218  Z. Principal Place of Business  Za. Mailing Address  Jack Humber  Sulte, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Added to Fees  Zip  Country  Added to Fees  Jacksonville FL 32218  JACKSONVILLE	Principal Place	of Business	Mailing Address		E INDȘIDBI (IE FAIRE AFII) ABIII ABIII ABIII	O DITAL ITOLO OLI PITTOLI I DITALI I DOLI FORE
JACKSONVILLE FL 32218	1					
2. Principal Place of Business   2a, Mailing Address   4. FEI Number   Applied For   21]   26	100.0			DO NOT WEST IN TU	IC CDACE	
2. Principal Place of Business						IS SPACE
2. Principal Place of Business   2a, Mailing Address   5. State   5.9-3329589						
Suite, Apt. #, etc.   Soute, Apt. #, etc.	0 0-111 01	- on of Dunis on	2- Mailing Address			Applied For
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificato of Status Desired   \$8.75 Additional Fee Required   City & State   City & State   City & State   City & State   Status   Status	_	ace of business	— ·		1 **	<del>}                                    </del>
Scarlicate of Status Desired   Fee Required		# atc				
City & State   City & Country   State   City & Country   State   City & Country   State   City & Country   State   City & Country   State   City & State   City & City		τ, σιο.	<b>⊢</b>		5. Certificate of Status Desired LJ	Fee Required
Zip   Country   Zip   Country   R. This corporation west the current year intangible   Personal Property Tax.   Yes   No					6. Election Campaign Financing	\$5.00 May Be
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intangible   Personal Property Tax   Yes   No	23		28		Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent  THOMAS, TIMOTHY N 3016 SNELL ST JACKSONVILLE FL 32218  82. Street Address (P.O. Box Number is Not Acceptable)  83. Amme  14. 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 and filled the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and filled if applicables  (NOTE: Registered Agent  (NOTE: Registered  (NOTE: Registered Agent  (NOTE: Registered  (NOTE		Country		_ <i>`</i>	· ·	
THOMAS, TIMOTHY N 3016 SNELL ST JACKSONVILLE FL 32218  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  Signature, Syperd or ponted riseries of registered agent are title if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THOMAS, TIMOTHY N  12 NAME  THOMAS, TIMOTHY N  13 STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32218  DELETE  1 TITLE  DELETE  2 NAME  CITY-ST-ZP  DELETE  33 STREET ADDRESS  2 4 CITY-ST-ZP  CITY-ST-ZP  ACKSONVILLE FL 32218  CITY-ST-ZP  ACKSONVILLE FL 32218  DELETE  34 CITY-ST-ZP  ACKSONVILLE FL 32218  CITY-ST-ZP  ACKSONVILLE FL 32218  ACKS	24			30		
THOMAS, TIMOTHY N 3016 SNELL ST JACKSONVILLE FL 32218  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 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  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITINE  P  ITINE  P  ITINE  DELETE  1.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  JACKSONVILLE FL 32218  DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZP  DELETE  3.3 STREET ADDRESS  CITY-ST-ZP  DELETE  3.4 CITY-ST-ZP  Change  Addition  Change  Addition  Change  Addition  Change  Addition  Addition  ALTITICE  NAME  ALTITICE  NAME  DELETE  4.1 TITLE  NAME  ALTITICE  AL		9. Name and Address of Curre	nt Registered Agent	94 None	10. Name and Address of New Registere	d Agent
3016 SNELL ST JACKSONVILLE FL 32218  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 agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  THOMAS, TIMOTHY N  12 NAME  THOMAS, TIMOTHY N  13 STREET ADDRESS  OCTY-ST-ZP  JACKSONVILLE FL 32218  DELETE  21 TITLE  ACKY-ST-ZP  TITLE  DELETE  31 TITLE  Addition  Change Addition Addition  Addition  Change Addition	TUO	AAC TIMOTUV N		B1 Name		
JACKSONVILLE FL 32218    84	!			82 Street A	Address (P.O. Box Number is Not Acceptable)	
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  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  P				03		<del></del>
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  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  P DELETE  1.1 TITLE  P Addition  NAME  STREET ADDRESS  3016 SNELL ST  1.3 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32218  DELETE  21 TITLE  DELETE  22 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  Change  Addition  Addition  Change  Addition  Addition  Addition  Addition  AMME  ALCITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME  ALCITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  Addition	JACK	3011VILL FE 32210		63		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE				84 City	F	85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named o	corporation submits this statement for the purpose	of changing its registered
SIGNATURE   Signature, typed or protect name of registered agent and little if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	office or re	wistered agent or both in the State	of Florida, Such change was all	tnorized by the corbo	ration's board of directors. I hereby accept the app	ointment as registered
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	}	I lammar with, and accept the congr				
TITLE	SIGNATURE	Signature, typed or printed name of registered age	ent and tritle if applicable (NOTE: F	Registered Agent signature re	,	
THUE  NAME  THOMAS, TIMOTHY N  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL 32218  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition	12.	OFFICERS AI			ADDITIONS/CHANGES TO OFFICERS	
STREET ADDRESS   3016 SNELL ST   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE	•	☐ DELETE			Change Addition
CITY-ST-ZIP	NAME			1.2 NAME		
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME         23 STREET ADDRESS         23 STREET ADDRESS         24 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         32 NAME         33 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP         Change         Addition           TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.2 NAME         Addition	STREET ADDRESS	- <del>-</del>		1.3 STREET ADDRESS		
NAME	CITY-ST-ZIP	JACKSONVILLE FL 32218				Change Addition
STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     Change   Addition	TITLE		LI DELETÉ			☐ cuande ☐ vocation
2 4 CITY-ST-ZIP	NAME					
DELETE   3.1 TITLE   Change   Addition	STREET ADDRESS					ļ
NAME			- Tinelete	8		☐ Change ☐ Addition
STREET ADDRESS   3.3 STREET ADDRESS			□ vereie			
34. CITY-ST-ZIP						
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME	l I					
NAME 4.2 NAME	·- · · · · · · · · · · · · · · · · · ·		□ OFLETE			☐ Change ☐ Addition
TWO I	1		ب محدداد			_
				I i		
511E211951E55	STREET ADDRESS					
CITY-ST-ZIP	CITY OF TIO			4.4 CITY-ST-ZIP		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

□ DELETE

\_\_\_ Addition

Change