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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069620 (9)

K & K PLUMBING SERVICES, INC.

Principal Place of Business

Mailing Address

FILED

Jan 23 1998 8:00am

Secretary of State

746 1/2 N. MAGNOLIA AVENUE P.O. BOX 533070 ORLANDO FL 32803 ORLANDO FL 32853-3020 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/06/1995		
2. Principal P	N. O Rlando AVE 28. Mailing Address N. O Rlando AVE 26 PO BOY	94823	8 4. FEI Number Applied For 59-3331075 Not Applicable	
Suite Apt.		rnd	5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat		ol	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24 ウン	25 Country Zip 25 ORANGE 29 3275 3	Country OF	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
1	STERER, KARL F JR	81 Name		
746 1/2 N. MAGNOLIA AVENUE ORLANDO FL 32803 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803			Address (P.D. Box Number is Not Asceptable)	
1		83 5	ute 113	
77		84 City	aitland FL 85 Zip Code 4	
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 poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligations of, Section 607,0505, Flori			
SIGNATURE	THE KARLEK	ies/ere		
12.	Signator of Lead of printed name of registered agent and little if applicable. (NOTE: I	Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	Change Addition	
NAME	CARTER, KEVIN	1.2 NAME	10, N. ORlando Ave Ste 113	
STREET ADDRESS	746 1 2 MAGNOLIA AVENUE NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	1.4 CITY-ST-ZIP	maitland of 3274-8238	
TITLE	D DELETE	2.1 TITLE	601 N. ORJanko Ave Ste 113	
NAME	RIESTERER, KARL F	2 2 NAME	101 11 OR)ando Ave Ste 113	
STREET ADDRESS	746 1 2 N. MAGNOLIA AVENUE	2.3 STREET ADDRESS	maitland Dl 32794-8238	
CITY-ST-ZIP	ORLANDO FL 32803	2, 4 CITY - ST - ZIP	7,000	
TITLE	☐ DELÉTE	3.1 TITLE	L Change Addition	
NAME		3.2 NAME		
STREET AODRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	L DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition	
NAME		4.7 IIILE 4.2 NAME	Change Addition	
STREET ADDRESS		4,3 STREET ADDRESS		
CiTY-ST-ZiP		4.4 CITY - ST - ZIP		
TITLE	☐ DELÉTÉ	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		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
14. I hereby c	ertify that the information supplied with this filing does not qualify for t	the exemption states	d in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

indicated on this annual report or supplied with this billing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 changes or on an attachment with an address.

SIGNATURE: A CHELLIFE Kieskner JR. 1/8/9