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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000076640 (8)

## FILED Mar 13 1998 8:00am Secretary of State

	PLUMBING, INC.	Mailing Addross 1927 S 14 ST	<del>,</del>	7 <del>7</del>					
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FERNANDINA BEACH FL 32034 US		FERNANDINA BEACH FL 32034 US			<u> </u>	DO NOT WRITE IN THIS SPACE			
••		00			<ol> <li>Date Incorporated or Qualified</li> <li>10/02/1995</li> </ol>				
	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>		Applied For	
21		26			59-3352270			Not Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22 City & Stat	10	City & State						Required	
23	lo .	28			6. Election Campaign Financing Trust Fund Contribution	П	\$5.U	May Be	
Zip	Country	Zip	Countr	ry	8. This corporation owes or has p	aid the curr			
24	25	29	30	,	Personal Property Tax due Juni	-	] Yes	□ No	
	g. Name and Address of Curren				10. Name and Address of New R		gent		
	LL, CECIL		) B.	1 Name					
2.7	27 S 14 ST		8:	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)		······································	
90				<del></del>	·	<del></del>			
FE	RNANDINA BEACH FL 32034		83	<b>3</b> [					
			84	4 City			85 Z	p Code	
						FL			
11 Pursuant	to the provisions of Sections 607 050:	2 and 607, 1508. Florida Statu	itos, the abo	ve-named cor	rooration submits this statement for the	purpose of	changing	its registered	
11. Pursuant office or a agent 1 a	to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607,1508, Florida Statu of Florida Such change was alions of, Section 607,0505, F	ites, the abor authorized b lorida Statute	ve-named corpora by the corpora es.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of opt the appo	changing ointment	j its registered as registered	
11. Pursuant office or a agent 1 a SIGNATURE	to the provisions of Sections 607 050, registered agont, or both, in the State am familiar with, and accept the obligation Signature byted or profed hains of a geografical Signature.					purpose of opt the appo	changing ointment	g its registered as registered	
	Signature Typed or preded name of a gastered age OFFICERS AND	rit med toe if applicable (NO			rporation submits this statement for the ation's board of directors. I hereby acceured when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE			
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14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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.

SIGNATURE:

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Cecil Gill

3-6-98

(904) 261-5537