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 Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90150 010 ***150.00

DOCUMENT # P95000082999

ARNO'S PLUMBING & HEATING, INC.

Principal Place of Business Mailing Address									, , , , , , , , , , , , , , , , , , , ,			•	
6917 SEA CRAB CIRCLE			6917 SEA CRAB CIRCLE										
NAVARRE FL 32566		NAVARRE FL 32566						DO NOT WRITE IN THIS SPACE					
								3. Date Incorpora	ted or Qualife	d			
								10/30/1995					
2. Principal Place of Business			2a. Mailing Address					4. FEI Nu nber		 -		App	ed For
21			26					22-22 153 11	<u> </u>			Not 4	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of St	tatus Desired				ditionai
22		27										Requ	
City & S'ate			City & State					6. Election Camp	-	³ □			ay Be
23		28	7:_					Trust Fund Co				ed to	Fees
Zip	Country	<u> </u>	Zip		country			8. This corporation		irrent year I	ntangible Yes	N.	(No
24	9. Name and Address of Curren	29 Pagis	tored Agent	30				Personal Properties 10. Name and Ad	_ 	Registere		/	
	5. Name and Address of Curren	t Kegis	tered Agent		81	Name	— —	TOT TOURING AFTER PAGE	4,000 01 11011	riog.ciere	gem		
KOR	iath, joelle				82								
6917 SEA CRAB CIRCLE						Stree	t Addre	ress (P.O. Box Number is Not Acceptable)					
NAV	ARRE FL 32566				83								
					84	City				F	L 85 Z	Zip Cu	de
office or r	to the provisions of Sc ctions 607.050 egistered agent, or bo h, in the State m familiar with, and accept the obliga	of Floric	da. Such change was a	author.	zed by	the cor	d corpo poratio	oration submits this sinds board of cirectors	tatement for the state of the s	e purpose : ept the app	of changing pintment as	jits ra s regra	egistered stered
SIGNATURE	Signature, typed or printed name of registered ager					t signature	required	when reinstating)		DATE			
12.	OFFICERS AN	D DIRE			3.		——	ADDITIONS/CH	ANGES 10 C	FFICERS A			S IN 12
TITLE	PODIATIL ADMO CD		☐ DELETE		1 TITLE		ļ				☐ Chan	.ye	Addition
NAME	KORIATH, ARNO SR.		•	- 1	2 NAME		_						
STREET ADDRESS	6917 SEA CRAB CIRCLE NAVARRE FL 32566					ADDRESS	3						
CITY-ST-ZIP	NAVARRE FL 32300		☐ DELETE	_	4 CITY-S 1 TITLE	T-ZIP	+-				☐ Chan		Addition
TITLE	Koriath, arno Jr.				2 NAME							30	
NAME	COAT OF A COAD CIDCLE			- 1		ADDRESS							
STREET ADORE SS	NAVARRE FL 32566				4 CITY-S		2						
CITY-ST-ZIP TITLE	S/T		☐ DELETE		1 TITLE	11-215					Chan		Addition
NAME	KORIATH, JOELLE		—		2 NAME							_	
STREET ADDRESS	6917 SEA CRAB CIRCLE					ADDRES!	s						
CITY-ST-ZIP	NAVARRE FL 32566				4. CITY-S								
TITLE			☐ DELETE		1 TITLE						Chan	ıge	☐ Addition
NAME				4	2 NAME		1						
STREET ADDRESS				4.	3 STREET	ADDRES:	s						
CITY-ST-ZIP				4	4 CITY-S	T- ZIP							
TITLE			DELETE	5.	1 TITLE						☐ Char	nge	☐ Addition
NAME				5.	2 NAME								
STREET ADORESS				5.	3 STREE	TADORES:	s						
CITY-ST-ZIP				5.	4 CITY-S	T- ZIP	⊥_						
TITLE			☐ DELETE	6.	1 TITLE						Chan	ige	Addition
NAME				6.	2 NAME								
STREET ADDRESS				6.	3 STREE	ADDRES	s						

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:

CITY-ST-ZIP