

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90128 026 ***150.00

DOCUMENT # P95000088522

1. Corporation Name

D&S PLUMBING COMPANY, INC.

Principal Place of Business

9601 N PALAFOX ST
BLDG. 5
PENSACOLA FL 32534
US

Mailing Address

9601 N PALAFOX ST
BLDG 5
PENSACOLA FL 32534
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1995

4. FEI Number

59-3343126

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

21 3182 GATEWAY LANE

Suite, Apt. #, etc.

2a. Mailing Address

26 3182 GATEWAY LANE

Suite, Apt. #, etc.

City & State

23 CANTONMENT, FL

Zip

24 32533

Country

25 US

City & State

28 CANTONMENT, FL

Zip

29 32533

Country

30 US

9. Name and Address of Current Registered Agent

BRUCE, ROBERT C
544 MILESTONE BLVD.
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

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 607.0505, 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

TITLE P
NAME BRUCE, ROBERT C.
STREET ADDRESS 544 MILESTONE BLVD.
CITY-ST-ZIP CANTONMENT FL

☐ DELETE

TITLE VD
NAME BRUCE, WILLIAM S
STREET ADDRESS 2560 SOUTHERN OAKS DR
CITY-ST-ZIP CANTONMENT FL 32533

☐ DELETE

TITLE STD
NAME BRUCE, ROBERT C
STREET ADDRESS 544 MILESTONE BLVD
CITY-ST-ZIP CANTONMENT FL 32533

☒ DELETE

TITLE T
NAME BRUCE, ALICE M.
STREET ADDRESS 544 MILESTONE BLVD.
CITY-ST-ZIP CANTONMENT FL

☐ DELETE

TITLE S
NAME SILCOX, THOMAS D.
STREET ADDRESS 1092 TROUBLE LANE
CITY-ST-ZIP CANTONMENT FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

204 MAJESTIC COURT
CANTONMENT, FL 32533

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

1-16-99 850-857-0090