SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

MOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED AUG 29 AM 10: 19

	MENT # P9600 NY A. FLEMING, PLUMBIN			SECRETARY ( TALLAHASSEE	:, FLORIDA
Principal Place of Business M		Mailing Address			
3327 CINDY LANE GROVE CITY FL 34224		P.O. BOX 5300		1	
		GROVE CITY FL 34224		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 38	. Date of Last Report
				01/02/1996	
·	Place of Business	2a. Maifing Address		4. FEI Number 59-3364621	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27]		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	
24	25	[29]	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	ent Hegistered Agent	81! Name	10. Name and Address of New Registe	rea Agent
	EMING, ANTHONY A				,
3327 CINDY LANE GROVE CITY FL 34224		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
Gn	OVE CIT FL 34224		83		
					· · · · · · · · · · · · · · · · · · ·
			84 City	1	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a		KOH - Registered Agent signature requ	poration submits this statement for the purpo- ation's board of directors. I hereby accept the ince when reinstating)  DADDITIONS/CHANGES TO OFFICERS	JE
TITLE	PD	DELETE	1,1 70LE	ADDITIONOJOJI ANDESTO OT TIOLITO	Change Addition
NAME	FLEMING, ANTHONY A		1.2 NAME	30000228	334136
STREET ADDRESS	3327 CINDY LANE		1.3 STREET ADDRESS	-09/03/97	'01011009
CITY-ST-ZIP	GROVE CITY FL 34224		1.4 CITY- ST- ZIP	****165。	00 ****165.00
TITLE		DELÉTE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 0!1Y-S1-7IP 31 HILE		Change Addition
NAME		Land Court II	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C(1) - \$1 - 7(P)		
THLE		DELFTE	4.1 1/1RE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	<i>'U'</i>	Change Acdition
NAME			5.2 NAME	Ġ,	1011
STREET ADDRESS			5 3 STRUET ADDRESS	OK-	V
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		_ • • — ····
STREET ADDRESS			6.3 STREET ADDRESS		
	1				

6.4 CITY-ST-ZIP

14. I do 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.





## ANTHONY A. FLEMING, PLUMBING CONTRACTOR, INC.

A Full Service Plumbing Company

Corporate Headquarters: 3327 Cindy Lane, Post Office Box 5300, Grove City, Florida 34224

24 Hour Service

Water Heaters

Drain Cleaning

Repiping

Solar Water Heating

Water **Treatment** 

Cisterns

Bath and Kitchen Remodeling

Offices:

Grove City (941) 697-3006

Englewood (941) 473-3677

Port Charlotte (941) 625-3677

North Port (941) 423-2898

Venice (941) 486-1904

August 26, 1997

Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

On April 28, 1997, our only son was put in the hospital with an undiagnosed problem which he almost died from that day. My husband, Anthony Fleming, and I have spent the last 4 months taking care of him and helping to pay for his care. After open heart surgery to remove fluid from around his heart, he was diagnosed with cancer of almost every part of his body. He underwent radiation therapy and chemotherapy, but these treatments did not ultimately help him. He passed away on August 7, 1997.

Due to this situation, my husband and I have been out of touch with our offices, and, unfortunately, many things were not handled as they should have been. Due to our payment of my son's expenses, our cash is also depleted. Therefore, I would hope that the State would have mercy on us and allow us to pay the regular filing fee without any penalty.

I am enclosing my check in the amount of \$165.00 in the hope that you will allow me to file in this manner.

Sincerely,

Michele d'Amour, Office Manager

Richel Amour

**Enclosure** 

Sarasota (941) 371-0401