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

Mailing Address
6624 GATEWAY AVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

6624 GATEWAY AVE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham 📑

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000005925** (8)

TOM'S PLUMBING SERVICE, INC.

| SARASOTA FL 3  | ARASOTA FL 34231                                   |                                     | 8   | SARASOTA FL 34231-5806           |                                   |  |  |                      | -                                      |          |  |                              |                                |                     |                                       |
|--|--|-------------------------------------|---|----------------------------------|-----------------------------------|--|--|----------------------|--|----------|--|------------------------------|--------------------------------|---------------------|---------------------------------------|
|  |  |                                     |   |                                  |                                   |  |  |                      |  | -        | 3. Date Incorporated of 01/17/1996                     | r Qualified                  |                                | te of Las<br>/17/   |                                       |
| 2. Principal Place of Business                         |  |                                     |   | 24                               | 2a. Mailing Address               |  |  |                      |  |          | 4. FEI Number  |                              |                                |                     | Applied For                           |
| 21   |  |                                     |   | 26                               | 26 4758 Lark Ridge Cir            |  |  |                      |  |          | 65063944   | 9                            |                                |                     | Not Applicat                          |
| Suite, Apt #, etc                                      |  |                                     |   | 27                               |                                   |  |  |                      |  |          | 5. Certificate of Status                               | Desired                      | \$8.75 Additional Fee Required |                     |                                       |
| City & State   |  |                                     |   | 28                               | Sara                              | State<br>asota,                                  | Fl.  |                      |  |          | 6. Election Campaign Trust Fund Contribu               | _                            |                                |                     | May Be                                |
| Zip<br>24  | 2  | Count<br>5                          | ry  | 29                               | 342                               | 233  | 30 S                                       | intry                | uso ea                                 | H        | This corporation has     Florida Statutes              |                              | ntangible<br>Yes               |                     | rs. 199.032,                          |
|  | 9. Name a  | ind Addr                            | ess of Curr                                     | ent Reg                          | stered A                          | gent   |  |                      |  |          | 10. Name and Address                                   | of New Re                    | gistered /                     | Agent               |                                       |
| LEWIS, KURT F<br>8624 GATEWAY AVE<br>SARASOTA FL 34231 |  |                                     |   |                                  |                                   |  |  | 81<br>82<br>83       | Name<br>Street Ac                      | ddres    | s (P.O. Box Number is N                                | lot Acceptab                 | le)                            |                     |                                       |
|  |  |                                     |   |                                  |                                   |  |  |                      |  |          |  |                              |                                |                     | - 0-4-                                |
|  |  |                                     | *   |                                  |                                   |  |  | 84                   | City                                   |          |  |                              | FL                             | 85 Z                | p Code                                |
| 11. Pursuant to office or reagent. Lan                 | o the provisio<br>egistered age<br>n familiar with | ns of Sec<br>nt, or bot<br>n and ac | ctions 607.09<br>th, in the Sta<br>cept the obl | 502 and<br>te of Flo<br>igations | 607.150<br>rida Suc<br>of, Sectio | 8, Florida Stat<br>h change wa<br>on 607.0505, l | tutes, the e<br>s authorize<br>Florida Sta | bov<br>d by<br>tute: | e-named corpo<br>s.                    | orpora   | ation submits this staten<br>is board of directors. If | ent for the p<br>ereby accep | urpose of<br>of the app        | changin<br>ointment | g its registere<br>as registered      |
| SIGNATURE  | Signature, typed or                                | r printed pan                       | ne of registered a                              | gent and li                      | th il applica                     | ble (N   | OTE: Registere                             | d Age                | enl signature re                       | quired y | when reinstating)                                      | ****                         | DATE                           | <del></del>         | · · · · · · · · · · · · · · · · · · · |
| 12.  |  |                                     | DEFICERS A                                      | ND DIRI                          | ECTORS                            | ***************************************          | 13.  |                      | ······································ |          | ADDITIONS/CHANGI                                       | S TO OFFIC                   | ERS AND                        | DIRECT              | ORS IN 12                             |
| TITLE  | P/D  |                                     |   |                                  |                                   | DELETE   | 111  | ITLE                 |  |          |  |                              |                                | Chang               | e 🔲 Addit                             |
| NAME -   | <del>T</del> homa                                  | sl                                  | Os boi  | rne                              | - 1                               |  | 1.2 M                                      | AME                  |  |          |  |                              |                                |                     |                                       |
| STREET ADDRESS   | Thoma<br>4758 A                                    | aik                                 | Ridge   | Cir                              | cle                               |  | 1.3 \$                                     | TREET                | T ADDRESS                              |          |  |                              |                                |                     |                                       |
| CITY-ST-7IP  | Sara   | Sota                                | トラン   | 34                               | a3 🖫                              | <u> </u>   | 1.4 0                                      | iTY-5                | ST - ZIP                               |          |  |                              |                                |                     |                                       |
| TIFLE  | SIT  |                                     | • 1   |                                  |                                   | DELETE   | 2.1 1                                      | ITLE                 |  |          |  |                              |                                | Chang               | e 🔲 Addit                             |
| NAME   | Mary 1   | 4nnC                                | osborr  | e ,                              |                                   |  | 2.21                                       | AME                  |  |          |  |                              | d.                             |                     |                                       |
| STREET ADDRESS   | 4758   | Lank                                | 15; de  | ے سے و                           | 1 /c.                             | e  | 2.3 \$                                     | TREET                | ADDRESS                                |          |  | :                            | e.                             |                     |                                       |
| City - ST- ZiP   | Sarasi   | ta,                                 | <b>ラ</b> ん                                      | 34                               | 23                                | <b>&gt;</b>                                      |  |                      | ST-ZIP                                 |          |  |                              | ···                            |                     |                                       |
| 1(1) F   |  | ·                                   |   |                                  |                                   | ☐ DELETE   | 3.1 1                                      | ITLE                 | 1                                      |          |  |                              |                                | Chanç               | e 🔲 Addit                             |
| NAME   |  |                                     |   |                                  |                                   |  | 3.2 1                                      | AME                  |  |          |  |                              |                                |                     |                                       |
| STREET ADDRESS   |  |                                     |   |                                  |                                   |  | 3.3 5                                      | TREET                | T ADDRESS                              |          |  |                              |                                |                     |                                       |
| CITY-ST-ZIP  |  |                                     |   |                                  |                                   |  | 3.4.                                       | CITY-                | ST-ZIP                                 |          |  | <u></u>                      |                                |                     |                                       |
| TRIE   |  |                                     |   |                                  |                                   | DELETE   | 4.1 ]                                      | ITLE                 |  |          |  |                              |                                | ☐ Chang             | e 📙 Addil                             |
| NAME   |  |                                     |   |                                  |                                   |  | 4.2  | NAME                 |  |          |  |                              |                                |                     |                                       |
| STHEET ADDRESS   |  |                                     |   |                                  |                                   |  | 435  | TREET                | T ADDRESS                              |          |  |                              |                                |                     |                                       |
| City-ST-ZIP  |  |                                     |   |                                  |                                   |  | 4.4 (                                      | HY-S                 | ST-ZIP                                 |          |  |                              |                                |                     |                                       |
| TITLE  |  |                                     |   |                                  |                                   | □ DELETE   | 5.1 1                                      | ITLE                 | į.                                     |          |  |                              |                                | Chang               | e 🔲 Addit                             |
| NAME   |  |                                     |   |                                  |                                   |  | 5.2 1                                      | IAME                 |  |          |  |                              |                                |                     |                                       |
| STREET ADDRESS   |  |                                     |   |                                  |                                   |  | 5.3 9                                      | TAFE                 | T ADDRESS                              |          |  |                              |                                |                     |                                       |
| CITY - ST - ZIP  |  |                                     |   |                                  |                                   |  | 5.4 (                                      | ITY-S                | S7 - ZIP                               |          |  |                              |                                |                     |                                       |
| DILLE  |  |                                     |   |                                  | ****                              | DELETE   | 6.1 1                                      | ITLE                 |  |          |  |                              |                                | Chang               | e 🔲 Addit                             |
| NAME   |  |                                     |   |                                  |                                   |  | 6.2 )                                      | AME                  | [                                      |          |  |                              |                                |                     |                                       |
| STREET ADDRESS   |  |                                     |   |                                  |                                   |  | 6.3 \$                                     | TREE                 | T ADDRESS                              |          |  |                              |                                |                     |                                       |
|  |  |                                     |   |                                  |                                   |  |  |                      |  |          |  |                              |                                |                     |                                       |

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 for an attachment with an address.