

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90250 016 ***150.00

DOCUMENT # P96000011083

1. Corporation Name
P & T PLUMBING, INC.

Principal Place of Business
P & T PLUMBING INC
PO BOX 13371
MEXICO BEACH FL 32410
US

Mailing Address
205 VIRGINIA AVE
MEXICO BEACH FL 32410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1996

4. FEI Number
59-3364221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

32410

30

Gulf

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOMP, PATRICK J
205 VIRGINIA AVE
MEXICO BEACH FL 32410

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME STOMP, PATRICK
STREET ADDRESS 254 PINE ST
CITY-ST-ZIP ST JOE BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME STOMP, TRACIE
STREET ADDRESS 254 PINE ST
CITY-ST-ZIP ST JOE BEACH FL

2.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME MADRID, VINI
STREET ADDRESS 1619 MONUMENT AVE APT 1A
CITY-ST-ZIP PORT ST JOE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ 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)(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:

Tracie Stomp Tracie Stomp

Date

01-18-99

Daytime Phone #

850 647-8947

CR2E034 (11/98)