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PROFIT 🙀 CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030467

FILED Feb 15, 1999 8:00 am Secretary of State 02-15-1999 90026 048 ***150.00

1. Corporation	ON PLUMBING INC.						
Principal Place 144 HINTHORNE PALM SRINGS I	E DR	Mailing Address 144 HENTHORNE DR PALM SPRINGS FL 33461 US			DO NOT WRIT	E IN THIS SPACE	شامهنشة بيزاد الارباد يجيدان
US	17.12	US			3. Date Incorporated or Qualifed 04/08/1996		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number 65-0661516	• •	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Required
City & State	マック le で変数	27	·		6. Election Campaign Financing	\$5.0	0 May Be
23	31°S	Zip	Country		Trust Fund Contribution 8. This corporation owes the curre	Adde	d to Fees
Zip 24	Country	·	30		Personal Property Tax.	Yes	No
	9. Name and Address of C	Current Registered Agent	81	Name	10. Name and Address of New R	egistered Agent	• •
	SGOW, JANE HENTHORNE DR		82		ess (P.O. Box Number is Not Accepta	ble)	
	M SPRINGS FL 33460		83		· · · · · · · · · · · · · · · · · · ·		
			84	City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Z	p Code
18. 1.19				-		FL	ita sasistarad
11. Pursuant	rogistored agent or both in the	07.0502 and 607.1508, Florida Statute State of Florida, Such change was a	es, the above	e-namea corpo the corporation	n's board of directors. I hereby accep	t the appointment as	registered
agent. I a	am familiar with, and accept the	obligations of, Section 607.0505, Flor	rida Statutes				
signature	am familiar with, and accept the Signature, typed or printed name of register	obligations of, Section 607.0505, Fibrary and title if applicable. (NOTE:	: Registered Agen	nt signature required	when reinstating)	DATE	
signature	am familiar with, and accept the Signature, typed or printed name of register OFFICE	obligations of, Section 607.0505, Flor	nda Statules		when reinstating) . ADDITIONS/CHANGES TO OF	DATE	TORS IN 12
signature	Signature, typed or printed name of registe OFFICE	obligations of, Section 607.0505, Fiolian ered agent and title if applicable. (NOTE:	: Registered Ager 13. 1.1 TITLE	nt signature required	when reinstating)	DATE FICERS AND DIREC	TORS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe OFFICEI P GLASGOW: JANE	obligations of, Section 607.0505, Fiolian ered agent and title if applicable. (NOTE:	Registered Ager 13. 1.1 TITLE 12 NAME	nt signature required	when reinstating) . ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	TORS IN 12
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14. 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