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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065187 (2)

NORTHERN FLORIDA PLUMBING, INC.

Mailing Address

FILED May 08 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			4 12611861 He latte a(iii aniii salii salii silii silii sila 11861 11861 1861
7589 216TH S		7569 216TH ST			
O'BRIEN FL 32071 US		O'BRIEN FL 32071 US			DO NOT WRITE IN THIS SPACE
		00			3. Date Incorporated or Qualified
					08/02/1996
2. Principal Place of Business		2a, Mailing Address Q 221		271	4. FEI Number Applied for
21		[26] P,O,C			59-3413967 Not Applicable
Suite, Apt. #, etc.		t	Suite, Apt. #. etc.		5, Certificate of Status Desired \$8.75 Additional
22		City & Cials			F88 недигео
City & State		City & State	: h]	FI.	6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28 U DKI t	Count		R. This corporation owes or has paid the current year Intangible
24	25	29 32071	30	"/15	Personal Property Tax due June 30. Yes No
•41	Name and Address of Curre		1941	<u> </u>	10. Name and Address of New Registered Agent
BRC	MLEY, DANIEL J		8	1 Name	
	9 216TH ST		١.	2 Street A	Address (P.O. Box Number is Not Acceptable)
	HEN FL 32071		ľ	Z Sueet /	Address (1.0. Dax Number is Not Acceptable)
			8	3	
				4 City	85 Zip Code
			٩	City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0!	32 and 607 1508, Florida Statut	es, the abo	ve-named	corporation submits this statement for the purpose of changing its registered
office or re agent. I an	giste red agent, or both, in the Stat n fam iliar with, and accept the obta	te of Florida. Such change was a galians of, Section 607.0505, Flo	tutnorized orida Statul	by the corp es.	rpornition's board of directors. I hereby accept the appointment as registered
SIGNATURE _	•				
SIGNATORE S	lignature, typod or printed name of negeneral in	gent and the itapperable (NO)	Hegistered A	gent signature	re-required when roinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD SANIEL DANIEL I	[DELETE	1.1 TifLi		PD- ST PChange L Addition
NAME	BROMLEY, DANIEL J		1.2 NAM	E	
STREET ADDRESS	7569 216TH ST			ET ADDRESS	
CITY-ST-ZIP	O'BRIEN FL 32071	DOLLETE		- ST - 7/P	☐ Change ☐ Additio
TITLE	TADIEY EDWARD	L_J DELETE	2.1 TITLE 2.2 NAME		E citange
NAME	TAPLEY, EDWARD P O BOX 71 N/A			l l	
STREET ADDRESS	O'BRIEN FL 32071			ET ADDRESS	
CITY-ST-ZIP	8T	DELETE	3 1 111L	/-S1-ZIP	Change Additio
TITLE	BROMLEY, TAMMY L	Dettett	3.7 MAM	1	
NAME	7569 216TH ST			ET ADDRESS	
STREET ADDRESS	OBRIEN FL 32071		-	i i	
CITY-ST-ZIP TITLE		DELETE	34. CitY-ST-7IP 41 TillE		Change Additio
NAME		Second VIII VIII	4. 2 NAME		
STREET ADDRESS				EI ADDRESS	
CITY-ST-ZIP				· St · ZIP	
TITLE	<u> </u>	DELETE 5.1			Change Additio
NAME			5.2 NAM	E	
STREET ADDRESS			5.3 STR	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	- S1 - ZIP	
TITLE		DELETE	6.1 TITLE		Change Additio
NAME			6.2 NAM	τ ,	
STREET ADDRESS			6.3 STR	ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	- ST- ZIP	
44 I bereby c	ortlly that the information supplied	with this filing does not qualify for	or the exer	notion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or o	on th is annual report or supplement fir ect or of the corporation or the re	ital annual report is true and acc regiver or trustee empow ered to	curate and execute th	tnat my sigi is report as	gnature shall have the same legal effect as if made under oath; that I am an is required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 c	r Block 13 if changed, door an at	lachroent with)an address.			s required by Chapler 607, Florida Statutes; and that my name appears in