

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

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Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90008 023 ***155.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA6 000083492</u>			
1. Corporation Name <u>Koscoe Plumbing INC.</u>			
Principal Place of Business <u>1225 Justice St.</u> <u>PORT ORANGE FL. 32119</u>		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc. <u>SAME</u>	26	Suite, Apt. #, etc. <u>SAME</u>
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent <u>MARY KAY Knepley (act.)</u> <u>411 Ridge Blvd.</u> <u>South Daytona FL. 32119</u> <u>(904) 760-2551</u>		10. Name and Address of New Registered Agent	
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.		81 Name <u>SAME</u>	
SIGNATURE <u>Kathy Koscoe</u> <u>Kathy Koscoe</u>		82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable		83	
(NOTE: Registered Agent signature required when reinstating)		84 City	
DATE <u>6/22/99</u>		85 Zip Code	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>Kathy Koscoe (Pres.)</u> <input type="checkbox"/> DELETE	1.1 TITLE	<u>Kathy Koscoe President</u> <input type="checkbox"/> Addition
NAME	<u>1225 Justice St</u>	1.2 NAME	<u>1225 Justice St.</u>
STREET ADDRESS	<u>PORT ORANGE FL. 32119</u>	1.3 STREET ADDRESS	<u>PORT-ORANGE FL.</u>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<u>V/P</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<u>Sec.</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<u>Tres.</u> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Kathy Koscoe 6/22/99 (904) 761-4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)