

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072380
1. Corporation Name
SERVICE PLUMBER, INC

Principal Place of Business
1045 Lake Rodgers Circle
Oviedo, FL 32865
Mailing Address
10151 UNIVERSITY BLVD
Suite 341
Orlando, FL 32817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1045 Lake Rodgers Circle		21 10151 UNIVERSITY BLVD		10/7/96	
22 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		4. FEI Number	
22		22 341		593417172	
23 State		23 City & State		5. Certificate of Status Desired	
23 Oviedo, FL		23 Orlando, FL		☐ \$8.75 Additional Fee Required	
24 Country		24 Zip		6. Election Campaign Financing	
24 Seminole		24 32817		Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		25		8. This corporation owes or has paid the current year Intangible	
25		25		Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

Darren Woods
1045 Lake Rodgers Circle
Oviedo, FL 32865

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 in Block 12 or 13 if applicable) (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	President
STREET ADDRESS		13 STREET ADDRESS	Darren Woods
CITY-ST-ZIP		14 CITY-ST-ZIP	1045 Lake Rodgers Circle
TITLE	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE: Darren Woods - President 3/28/98 (407)-521-9904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/97)