## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## P97000012786

DRAIN MASTERS, INC. OF CENTRAL FLORIDA

## **FILED** Jul 27, 1999 8:00 am Secretary of State 07-27-1999 90003 013 \*\*\*150.00

Principal Place of Business Mailing Address									10110 0111 1001	
697 LONE OAK DRIVE		697 LONE OAK DRIVE								
PORT ORANGE FL 32127		PORT ORANGE FL 32127				DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualified	L 114 111110	OI AOL		7
						02/05/1997				
2 Principal P	ace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For	+
2. Principal Place of Business		26				59-3439410			ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				П		Additional	1	
22		27			-	5. Certificate of Status Desired			equired	l
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			May Be	1	
23		28				Trust Fund Contribution Added to Fees				
Zip Country		Zip Cou		Country		8. This corporation owes the current year		_		
24	25	29	30			Intangible Personal Property.	<u></u>	Yes _	No	1
	9. Name and Address of Current	Registered Agent				10. Name and Address of New R	gistered /	Agent		4
OME	N. DICHADD			81	Name					
OWEN, RICHARD				82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				1
697 LONE OAK DRIVE				83			· 			4
PUR	T ORANGE FL 32127									
				84	City			85 Zip	Code	1
					<u>-</u>		FL			_
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was	authorize	d by	the corporati	ration submits this statement for the pul on's board of directors. I hereby accept	pose of chat the appoin	anging its re itment as re	gistered gistered	
SIGNATURE										
	Signature, typed or printed name of registered agent			ered Ag	ent signature req	uired when reinstating)	DATE			୍ର ଚ
12.	OFFICERS ANI	<del></del>	13.			ADDITIONS/CHANGES TO OFF	CERS AN	<del>-1</del>	T	CR2E034 (5/99)
TITLE	D	L DELETE	1,1 TI				l	Change	Addition	4
NAME .	OWEN, RICHARD		1.2 N/		1					8
STREET ADDRESS 697 LONE OAK DRIVE				1.3 STREET ADDRESS						22
CITY-ST-ZIP	PORT ORANGE FL 32127			1.4 CITY-ST-ZIP			ſ		_	∤ö
TITLE	MARÍA MARIANNE > MARIA MARIANNE			2.1 TETLE			i	Change	Addition	
NAME	100 11 to 4 110 10 10 10 10 10 10 10 10 10 10 10 10	111111	2.2 N							
STREET ADDRESS	697 LONE OAK				ADDRESS					
CITY-ST-ZIP	PORT ORANGE FL 32127			TY-ST-	ZIP					-
TITLE	-	DELETE	3,1 TI				L	Change	Addition	
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STREET ADDRESS					ADDRESS					1
CITY-ST-ZIP				TY-ST-	ZIP		Г	<del>-1</del> 1	T	-
TITLE		☐ DELETE	4.1 TI				Ĺ	Change	Addition	
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STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		——————————————————————————————————————	4.4 Cl	TY-ST-	ZIP	· · · · · · · · · · · · · · · · · · ·		٦٠	1.450	┨
TITLE		☐ DELETE					L	Change	Addition	
NAME			5.2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	***	<u> </u>	_	TY-ST-	ZIP		·	7		-
TITLE		L DELETE	6.1 TI				f	Change	☐ Addition	
NAME			6.2 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	with that the information cumuliad with	this filing does not qualify for		TY-ST-		tion 119 07/3)(i) Florida Statutos I furti	or cortifu t	hat the infor	mation	-

Interest certary unature anomation supplied with this imag does not quality 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.

P9700012786 595857-90003-13 To whim it may concern, Below is a copy of my check book ledger showing a check was made out to your dept on March 17, also enclosed is a copy of the bank statement showing the check was not easked. This Report was mailed in March and is either in the losted system somewhere or your affice. Enclosed also is a second report. Thankyou Richard Church 437 225 Halday Ford 438 225 Pover Nova 2/24 Depont 439 3/2 A.T. 47
3/5 Depon
440 Renny Saver
441 3/10 Bell South 4423/10 Complete Rhan 4433/15 Scotters 9637 9558 763 9558 763 9758 810 72760 41.74 38500 137600 + 444 3/17 Pla Destof Stale 445 til Bell So Mo 3/17 Deposit

444 3 23 B Savar