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

PROFIT CORPORATION **ANNUAL REPORT**

1998

STREET ADDRESS

14. Thereby certify that the information supplied with indicated on this annual report of supplemental officer or director of the corporation or the regular



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000016307 (5) DOCUMENT

SHAMROCK PLUMBING AND DRAIN, INC.

Principal Place of Business Mailing Address 1122 SOUTH CONGRESS AVENUE 1122 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1997 2a. Mailing Address 2. Principal Place of Business Applied For 26 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOYNER, CHRISTOPHER Name 1122 SOUTH CONGRESS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33406** 83 84 City 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PSD DECETE Change Addition TITLE 1.1 TITLE JOYNER, CHRISTOPHER NAME 1.2 NAME 1122 SOUTH CONGRESS AVENUE STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL 33406** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Joyner, Kelli NAME 2.2 NAME 1122 SOUTH CONGRESS AVENUE STREET ADDRESS 2.3 STREET ADDRESS **WEST PALM BEACH FL 33406** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE Addition Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DETETE Change Addition 4.1 DILE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1Y - ST - 7(P CITY-\$1-ZIP DELETE Change Addition TITLE 61 TILLE 6.2 NAME NAME

6.3 STREET ADDRESS

iling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information

FILED Apr 21 1998 8:00am Secretary of State



if report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in