

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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000038628 (8)

1. Corporation Name  
GT PLUMBING, INC.



Principal Place of Business  
8623 REGENCY PARK BLVD.  
PORT RICHEY FL 34668

Mailing Address  
8623 REGENCY PARK BLVD.  
PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/01/1997

4. FEI Number

59-3442927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 9637 SCOT STREET

Suite, Apt. #, etc.

22

City & State

23 HUDSON, FL

Zip

24 34669

Country

25 PASCO

2a. Mailing Address

26 9637 Scot St

Suite, Apt. #, etc.

27

City & State

28 HUDSON FL

Zip

29 34669

Country

30 PASCO

9. Name and Address of Current Registered Agent

MOKSAY, GEORGE T  
9637 SCOT STREET  
HUDSON FL 34669

10. Name and Address of New Registered Agent

81 Name

MOKSAY, GEORGE T.

82 Street Address (P.O. Box Number is Not Acceptable)

9637 SCOT ST

83

84 City

Hudson

FL

85 Zip Code

34669

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 *George T. Moksay* President/Owner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2-26-98

12. OFFICERS AND DIRECTORS

TITLE *President* ☐ DELETE

NAME *George T. MOKSAY*

STREET ADDRESS *9637 Scot St Hudson, FL 34669*

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE *George T. Moksay* *George T. MOKSAY* 2/26/98 813 8632551

CR2E034 (1097)