

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90236 033 ***150.00

DOCUMENT # P97000053361

1. Corporation Name

TAMPA PLUMBING COMPANY

Principal Place of Business

20500 COT RD
336
LUTZ FL 33549
US

Mailing Address

20500 COT RD
336
LUTZ FL 33549
US

2. Principal Place of Business

21 5743 Eden Lane

Suite, Apt. #, etc.

22

City & State

23 Land O' Lakes FL

Zip

24 34639

Country

2a. Mailing Address

26 P.O. Box 383

Suite, Apt. #, etc.

27

City & State

28 Land O' Lakes, FL

Zip

29 34639

Country

30

9. Name and Address of Current Registered Agent

NOYES, JACK
20500 COT ROAD #336
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

52-2049516

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

NOYES, Jack

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

5743 Eden Lane

83

84 City

Land O' Lakes FL

85 Zip Code

34639

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jack Noyes

4/20/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME NOYES, JACK
STREET ADDRESS 20500 COT RD 336
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME DORAN, DENNY
STREET ADDRESS 337 W JEAN ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ DELETE

NAME NOYES, PATRICIA
STREET ADDRESS 20500 COT RD 336
CITY-ST-ZIP LUTZ FL 33549

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

PATRICIA NOYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(813) 995-9269

Daytime Phone #

CR2E034 (1/98)

0376756