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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700065515 (3)

PLUMB STRAIGHT PLUMBING, INC.

Principal Place of Business

Mailing Address

FILED May 26 1998 8:00am Secretary of State



1007 8 PONCE DE LEON BLVD 1007 S PONCE DE LEON BLVD ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For -3468708 3501 B N. Ponce De Leon 3501 B N. Ponce de Leon Blyd Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be St. Augustine, St. Augustine, Fl Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32095 St. Johns 29 Johns 25 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent WOOD, ANDREA 1007 S PONCE DE LEON BLVD Street Address (P.O. Box Number is Not Acceptable)
3501 B N. Ponce de Leon Blvd. ST AUGUSTINE FL 32086 Zip Code 32095 St. Augustine Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the a
office or registored agent, or both, in the State of Florida Such change was authorize
agent. I am famillar with, and accept the obligations of, Section 607.0505, Florida Sta e-named corporation submits this statement for the purpose of changing its registered y the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE ent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE VICE PRES. SECTETORY, Rey. Agent DELETE Change 1.1 NAME Andrea wood 1.2 [3501 BN Ponce De Levis Blyd. STREET ADDRESS 1.3 \$ E1 ADORESS St. Augustine, FL. 32095 President, Transurga CITY-ST-ZIP ST-ZIP DELETE Change Addition 21 T TITLE charles wood 3501 A.N. PONCE DE LEDW BLVD. NAME 22 N/ STREET ADDRESS 2.3 STEFET ADDRESS ST. AUGUSTINE IFL. 32095 CITY-ST-ZIP 2. 4 CLY - S1 - ZIP DELETE TITLE 3.1 THE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAM8 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Addition TITLE 5.1 1ITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Channe Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed, or an attrust ment without address.