

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

FILED

Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000077279 (2)

1. Corporation Name
THE DR. OF PLUMBING, INC.

Principal Place of Business

181 6TH ST NE
NAPLES FL 34120

Mailing Address

181 6TH ST NE
NAPLES FL 34120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3426974

☒ 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 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

QUINN, JEFFREY C
307 AIRPORT RD N
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

JEFFREY WAHLERS

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

181 6TH STREET N.E.

83

84 City

NAPLES

FL

85 Zip Code

34120

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. I, the undersigned, am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PRESIDENT / SECY / TREAS. ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

PRESIDENT / SECY / TREAS. ☐ Change ☒ Addition

JEFFREY WAHLERS ☐ Change ☒ Addition

181 6TH STREET N.E. ☐ Change ☒ Addition

NAPLES, FL 34120 ☐ Change ☒ Addition

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

7.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

8.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

9.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

10.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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:



Date

Daytime Phone #

0444327

CR2E034 (10/97)