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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000083958 (3)

TED BENEDIX PLUMBING, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		
11940 OLD ACOSTA ROAD JACKSONVILLE FL 32223		11940 OLD ACOSTA ROAD Jacksonville fl 32223		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				09/29/1997
9 Principal Pla	ace of Business	2a, Mailing Address		4. FEI Number Applied For
21				59-347094/ Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		— \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	t Registered Agent	<u> </u>	10. Name and Address of New Registered Agent
BEN	IEDIX, EDWARD		81 Nan	ne
11940 OLD ACOSTA ROAD			82 Stre	Address (E.O. Day Museum in Not Appendix)
	KSONVILLE FL 32223		62 Sire	et Address (P.O. Box Number is Not Acceptable)
U/ CO	MONNICE I C OFFE		83	
			84 City	FL 85 Zip Code
11. Pursuant le	n the provisions of Sections 607 0502	2 and 607 1608. Florida Statu	ites, the above-nam	and accounting a should this statement for the purpose of above in the societies of
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 Statules.				
			iorida Stalules.	
SIGNATURE	Signature, typed or printed name of regetimest ago	states title disnot cable (NO	If Begistered Agent signa	ture rog pred whon romstating) DATE
12.	OFFICERS AND) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 DILE	Change Addition
NAME	BENEDIX, EDWARD	_	1.2 NAME	
STREET ADDRESS	11940 OLD ACOSTA ROAD		1.3 STREET ADDRES	22
CITY-ST-ZIP	JACKSONVILLE FL 32223		14 CITY-ST-ZIP	
TITLE	8VD	DELETE	21 TITLE	Change Addition
NAME	BENEDIX, GWENDOLYN		2.2 NAME	
STREET ADDRESS	11940 OLD ACOSTA ROAD		23 STREET ADDRES	
	JACKSONVILLE FL 32223			55
CITY-ST-ZIP TITLE	MONOONVILLE I E SEEES	DELETE	2 4 CITY-ST-ZIP 31 TITLE	Change Addition
		Lad Deceit		Colonge District
RAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRES	S
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP	The second of th
TITLE		L DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAMÉ	
STREET ADDRESS			4.3 STREET ADDRES	\$
CITY-ST-ZIP		——————————————————————————————————————	4.4 CiTY - ST - ZiP	
TITLE		L_J DELETE	5.1 TITLE	Change LJ Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRES	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	s
CITY-ST-ZIP			6.4 CITY - ST - ZIP	1
14. I hereby co	ertify that the information supplied wi	In this filing does not qualify	for the exemption st	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or o	on this arinual report or supplemental director of the corporation or the rece	t annuat report is true and ac iver or trustee empowe red to	curate and that my execute this report	signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	or Block 13 if changed, or on an attac	hment with an address.		904
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				