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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

**1998 DOCUMENT** #

P97000096914 (1)

## FILED May 28 1998 8:00am Secretary of State

P. OBERDECK PLUMBING, INC. Principal Place of Business Mailing Address 570 NIXON STREET **570 NIXON STREET** JACKSONVILLE FL 32205-6023 JACKSONVILLE FL 32205-6023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1997 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 3480230 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POUCHER, ALLEN L JR. 320 EAST ADAMS STREET Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32202 83 84 City Zip Code 85 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 (NOTI Registered Agent signature required when reinslating) Signature, typod or printed name of registered agent and little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change \_\_\_ Addition DELETE TITLE 1.1 TITLE OBERDECK, PETER 1.2 NAME CRZE034 NAME **570 NIXON STREET** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205-6023 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 211016 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- 2IP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHTY-ST-ZIP CITY-ST-ZiP TITLE DELETE 4.1 TITLE Change ■ Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-Zip CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TiTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE Change \_\_\_ Addition 61 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - 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 or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed for on an attactiment with an address.

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