FILE NOW: FILI	ER MAY 1ST	S \$550.00	\ \ ¹	ຼັ [†] ເວົ້ FILED			
PROFIT CORPORATION		`	RIMENT OF STATE B. Mortham	6Mar 10	/ Mar 10 1998 8:00am		
ANNUAL REPORT 1998		Socrete	ary of State CORPORATIONS	Secretary of State			
DOCUMENT # 1. Corporation Name LNC PLUMBING, INC.	P970001	07389 (3)		1 100110014 110 14014 14011 1			
Principal Place of Business		Mailing Address			/0111	/I	
1026 CASASIA DR ORLANDO FL 32835		1026 CASASIA DR ORLANDO FL 32835			WRITE IN THIS SPACE		
				 Date Incorporated or Qual 12/22/1997 	ified		
2. Principal Place of Business	.	2a. Mailing Address		4. FEI Number 59 - 348311	Applied Fo		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desire	ed S8.75 Additions	al	
City & State		City & State		6. Election Campaign Finance		·····	
Zip Cou	intry	Zip	Country	Trust Fund Contribution 8. This corporation owes or b	Added to Fees has paid the current year Intangible		
24 25		29	30	Personal Property Tax due	June 30. Tyes No		
COMTOIS, LOUIS	dress of Current Re	distaled Want	81 Name		IW Registered Agent	-	
1026 CASASIA DR			82 Street	Address (P.O. Box Number is Not Acc	eptable)		
ORLANDO FL 32835			83	·····			
			84 City		85 Zip Code		
11. Pursuant to the provisions of \$	Sections 607.0502 an	d 607.1508, Florida State	ites, the above-named	d corporation submits this statement fo	the purpose of changing its registr	bered	
office or registered agent, or t agent. I am familiar with, and	ooth, in the State of F accept the obligation	iorida: Such change was is of, Section 607.0505, F	aumonzed by the co- lorida Statutes.	rporation's board of directors. I hereby	accept the appointment as register	ėπ	
SIGNATURE. Signature, typed or ponted	name of registered agout and	tute d'applicable (NC	Tt: Fingistered Agent signatur		DATE		
12.	OFFICERS AND DI	RECTORS DELFTE	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12 Change Add		
NAME			1.2 NAME	LOUIS CONTOIS			
STREET ADDRESS			1.3 STREET ADDRESS	1026 CASASIA DRIVE			
CITY-ST-ZIP		T et et	1.4 CITY-ST-ZIP	1011AND FL 37834	Thomas did	dition	
NAME		L DELETE	21 TITLE 22 NAME	JOSEPH J. COMTORS	L_I Change SQL Adi	UNIUII	
STREET ADDRESS			23 STREET ADDRESS	LONG CASASIA DRIVE			
CITY-ST-ZIP			2 4 CITY-ST-ZIP	DRLANDO PL 37335		L Martin	
TITLE		☐ DELETE	3 1 TITLE 3 2 NAME		L Change L Ad	ldition	
NAME STREET ADDRESS			33 STREET ADDRESS				
CITY+S1-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	41 TITLE		L_ Change L_ Ad	dition	
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Ad	dition	
NAME			5.2 NAME				
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADORESS 5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE		☐ Change ☐ Ad	dition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
14. I hereby certify that the inform	ation supplied with the	his filing does not qualify	6.4 CITY-\$1-ZIP for the exemption sta	I ted in Section 119.07(3)(i), Florida Stati	utes. I further certify that the informa	ation	
indicated on this annual repor	1 or supplemental an ration or the receiver ed, or on an atlachin	mual report is true and ac or trustee empowered to ent with an address.	curate and that my si	ignature shall have the same legal effers is required by Chapter 607, Florida Ste	ct as if made under oath; that I am a tutes; and that my name appears in	an	
SIGNATURE	assen	2 Contour		5/14/12	407-572-0826		