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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000006032

1. Corporation Name

THE DRAIN KING, INC.

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90037 040 ***158.75

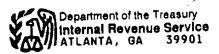


									/
Principal Place of Business Mailing Address							11 88110 B 1111 B1104	/	
7400 N CENTRA		7400 N CENTRAL AVE TAMPA FL 33604				,			
						DO NOT WRITE IN THIS SPACE			ı
						3. Date Incorporated or Qualifed			l
						01/20/1998 4. FEI Number		plied For	1
← ·	ace of Business					59-3493725	<u> </u>	plied For ot Applicable	ł
21						37-3713183	\$8.75		ĺ
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			·			5. Certificate of Status Desired Fee Required			
	City & State City & State					6. Election Campaign Financing \$5.00 May Be			ı
23	28					Trust Fund Contribution	Added t	o Fees	i
Zip	Country	Zip	Count			8. This corporation owes the current year Intangible Personal Property Tax.			ŀ
24						Personal Property Tax. 10. Name and Address of New Registere			l
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registers	u Agein		l
SPANIOS, SPERO S JR									Į
	N CENTRAL AVE	,		82 5	Street Addre	ss (P.O. Box Number is Not Acceptable)			
TAMF	PA FL 33604			83					
					City	F	L	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t office or registered agent, or both, in the State of Florida. Such change was author					amed corpo	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
agent, I an	n familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Stat	utes.					İ
SIGNATURE	·	F 14	TF: D = -1-4	4 3 3 -3		when reinstating) DATE			_ ا
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	1/02
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STREET ADDRESS				TREET AD					
CITY-ST-ZIP			6.4 C	ITY-ST-ZI	IP]

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 or an attachment with an address with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

593493725 PW 00 8000000 199828 R05035



238063-90037-40 P98000006032

Date of this notice:
Taxpayer Identifying Number
Form: 2363

JULY 27, 1998 59-3493725 Tax Period:

For assistance you may call us at:

354-1760 LOCAL 1-800-829-1040

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Or you may write to us at the address shown at the teft. If you write, be sure to attach the bottom part of this notice.

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DRAIN KING INC 7400 N CENTRAL AVE TAMPA FL 33604-4804008

EIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER TIDENTIFICATION NUMBER TO YOU. THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE: THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED: 59-3494961

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT) TAX PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listers in on

Overtay 5 Form 8489 (Rev.5-2 = 1888).

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number

Best time to call

593493725 PW 00 0000

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INTERNAL REVENUE SERVICE ATLANTA, GA 39901