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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000009602

WHITE PLUMBING ENTERPRISES INC.

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90131 037 ***150.00



Principal Place	e of Business	Mailing Address		I (DBIIDA) (10 1210) fâlit âutil nollt uutil notit sait sait sait sait sait sait sait s	1001
20 WEST 5TH	STREET	20 WEST 5TH STREET			
STUART FL 349	994	STUART FL 34994		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/29/1998	1
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied Fo	r
21 324	1-5E Dominica Terr	26-PO-BOX	2682 -	- 45=08-1005-)	able =
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additions	ai l
22		27		ree Required	
City & State	e	City & State	-,	6. Election Campaign Financing \$5.00 May Be	1
23 3	Country	28 Stuart, F	Country		
コ ^{Zip} スムの		29 24995 B	ר ז ב' איי	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24 57	9. Name and Address of Current F	<u> </u>	111111111	10. Name and Address of New Registered Agent	
			81 Name	Que Marchanders	
MCPHEETERS, BRYANT			82 Street A	Address (P.O. Box Number is Not Acceptable)	
	VEST 5TH STREET		330	41 SE Dominica levrace	
STU	ART FL 34994		83		
			84 City	FI 85 Zip Code 2 499	\dashv
				' M '	
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 a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	a Statutes.	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Bank	9 3 mil	egistered Agent signature re	equired when reinstating) DATE	-
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D	☐ DELETE	1.1 TITLE	Pres, V Pres, Trea Change A	ldition
NAME	MCPHEETERS, BRYANT		1.2 NAME	Bryant McPheeters	
STREET ADDRESS	20 WEST 5TH STREET		1.3 STREET ADDRESS	3174 BANYAN St.	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	Sturt, Fi 34997	
TITLE		☐ DELETE	2.1 TITLE	Januar McPheeters	dition
NAME			2.2 NAME	JANICE MCPREERS	
STREET ADDRESS			2.3 STREET ADDRESS'	Strant FL. 34997	ļ
CITY-ST-ZIP		□ OELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Stuart, FL. STIT	dition
) 	□ occeie	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		ŀ
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Ad	dition
NAME			4, 2 NAME		ľ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change □ Ac	dition
NAME			- 1		1
STREET ADDRESS			5.2 NAME		
O(T)/ CT 7/D			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-ST-ZiP	, Character TA	Idition
TITLE		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change ☐ Ac	ldition
		☐ DELETE	5.3 STREET ADDRESS 5.4 City-ST-ZiP	Change □ Ac	ldition

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Date

Daytime Phone #