

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90141 026 \*\*\*150.00

DOCUMENT # **P98000037312**

1. Corporation Name

**LOOP PLUMBING, INC.**

Principal Place of Business

**1121 BRANCHWOOD DRIVE  
APOPKA FL 32703**

Mailing Address

**1121 BRANCHWOOD DRIVE  
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/23/1998**

4. FEI Number

**59-3505573**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21 9450 PLATA WAY**

Suite, Apt. #, etc.

2a. Mailing Address

**26 9450 PLATA WAY**

Suite, Apt. #, etc.

City & State

**23 APOKA FL 32703**

Zip

Country

City & State

**28 APOKA FL 32703**

Zip

Country

**24 32703**

**25**

**29 32703**

**30**

9. Name and Address of Current Registered Agent

**LOOP, JAMES L**

**1121 BRANCHWOOD DRIVE  
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**9450 PLATA WAY**

83

84 City

**APOKA**

**FL**

85 Zip Code

**32703**

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

**1-6-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

11 TITLE **JAMES L. LOOP President** ☐ Change ☒ Addition  
12 NAME **9450 PLATA WAY**  
13 STREET ADDRESS **APOKA FL 32703**

21 TITLE **ANNE L. LOOP VP/SECRETARY** ☐ Change ☒ Addition  
22 NAME **9450 PLATA WAY**  
23 STREET ADDRESS **APOKA FL 32703**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS

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.

SIGNATURE: **1-6-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-467-7981**

CR2E034 (11/98)