

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 90128 035 ***150.00

DOCUMENT # P98000038539

1. Corporation Name

KENON PLUMBING SERVICES, INC.



Principal Place of Business

RT 2 BOX 124-M
375 SCOTT RD
QUINCY FL 32351

Mailing Address

RT 2 BOX 124-M
375 SCOTT RD
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

59-3564937

☒ 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 RT 2, Box 124-m
Suite, Apt. #, etc.

22 375 Scott Rd

City & State

23 Quincy, Fla

Zip

24 32351

Country

25 USA

2a. Mailing Address

26 RT 2, Box 124-m
Suite, Apt. #, etc.

27 375 Scott Rd

City & State

28 Quincy, Fla

Zip

29 32351

Country

30 USA

9. Name and Address of Current Registered Agent

KENON, JESSE
RT 2 BOX 124-M
375 SCOTT RD
QUINCY FL 32351

10. Name and Address of New Registered Agent

81 Name

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

83 124 21 Box 124-m

84 375 Scott Rd.

City

Quincy,

FL

85 Zip Code

32351

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

Jesse Kenn

Jesse Kenn

(NOTE: Registered Agent signature required when reinstating)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Vice president & Secretary

STREET ADDRESS Martha A. Kenn

CITY-ST-ZIP RT 2, Box 124-m

Quincy, Fla. 32351

TITLE ☐ DELETE

NAME Jesse Kenn

STREET ADDRESS President & manager

CITY-ST-ZIP Same

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 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUESTED Kenn

3/17/99

850-825-9316

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)