

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90013 038 ***550.00

DOCUMENT # P98000046226

1. Corporation Name

JEMISON & THOMAS PLUMBING, INC.

Principal Place of Business

**ROUTE 1 BOX 1084
CHATTAHOOCHEE FL 32324**

Mailing Address

**P.O. BOX 148
GREENBORO FL 32330**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59-3512350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☒ No

2. Principal Place of Business

21 243 Cochran Rd

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
23 Chattahoochee, FL**

Suite, Apt. #, etc.

27 City & State

Zip

24 32324

Country

25 Gadsden

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JEMISON, STEVE
ROUTE 1 BOX 1084
CHATTAHOOCHEE FL 32324**

10. Name and Address of New Registered Agent

81 Name

Jemison, Steve

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

243 Cochran Rd

83

84 City

Chattahoochee

FL

85 Zip Code

32324

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 **Steve Jemison, Pres**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/99

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **JEMISON, STEVE**
STREET ADDRESS **ROUTE 1 BOX 1084**
CITY-ST-ZIP **CHATTAHOOCHEE FL 32324**

TITLE **VSD** ☐ DELETE

NAME **THOMAS, MALCOLM**
STREET ADDRESS **1240 HEMLOCK STREET**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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 **PTD** ☒ Change ☐ Addition

1.2 NAME **Jemison, Steve**
1.3 STREET ADDRESS **243 Cochran Rd**
1.4 CITY-ST-ZIP **Chattahoochee, FL 32324**

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.

SIGNATURE: **SIGNATURE REQUIRED**

9/12/99

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CR2E034 (5/99)