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 # P98000064610

1. Corporation Name K & D PLUMBING, INC.

Principal Place of Business 420 E. SUGARLAND HWY CLEWISTON FL 33440

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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Mailing Address

420 E. SUGARLAND HWY **CLEWISTON FL 33440**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90191 036 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

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07/22/1998 4. FEI Number

65-0851439

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip	Countr	,	^{Zip}		Country		. 1	8, Inis co	rporation ov	res the curr	eur Aeai uu		_	
24	25		29	30					al Property			Yes		No
9. Name and Address of Current Registered Agent								10. Name	and Addres	s of New F	Registered	Agent		
-					81	Name			•			-		
FILINGS, INC.						82 Street Address (P.O. Box Number is Not Acceptable)								
3732 N.W. 16TH STREET						Sucer	700,63	3 (1 .O. DOX	110111001131	10171000	,			
FT. LAUDERDALE FL 33311-4132								···						
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	•				84	City					FI.	85 Z	Zip Cod	ie
44 Pursuant	to the provisions of Sec	tions 607.0502	and 607 1508 Flo	rida Statutes 1	the above	e-named	corpora	ation submit	s this staten	ent for the	purpose of	changing	its re	istered
office or re	egistered agent, or both	in the State of	Florida, Such cha	inge was autho	nzed by	the corp	oration	s board of o	lirectors. I he	ereby accer	the appoi	ntment as	s regis	tered
agent. I ar	m familiar with, and acc	ept the obligatio	ns of, Section 607	7.0505, Florida	Statutes	0	\wedge	A 5				4-2		_
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14 I hereby o	certify that the information	on supplied with	this filing does no	t qualify for the	exempt	ion state	d in Sec	tion 119.07	(3)(i), Florid	a Statutes.	I further cer	tify that t	the info	rmation m an

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that it am an officer or director of the corporation or the receiver or trustee empowered 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:

URE REQUIRED

4-27-89 941-883-2808

CR2E034 (11/98)