Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90014 021 ***150.00

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

DOCUMENT # P98000067089

STREET ADDRESS

TEAGUE'S PLUMBING, INC.

· - · · · · ·								
Principal Place of Business Mailing Address						* 10011401 ((2 (2(8) 10)))	5 11(1 1 00 11 00 11	11 10112 1511 1661
6326 RIDGE TERRACE 6326 RIDGE TERRACE						•		
ORLANDO FL 32810 ORLANDO FL 32810								
						DO NOT WRITE IN THIS	SPACE	
					j	3. Date incorporated or Qualifed		
		1				08/01/1998 4. FEI Number		Lastind For
2. Principal F	Place of Business	2a. Mailing Address				59-3524904	h 	Applied For
21		26				37-33 24 704		lot Applicable
Suite, Apt.					-	5. Certifcate of Status Desired	•	Additional Required
22								
City & Star	te	City & State			ļ	6. Election Campaign Financing		May Be to Fees
23		28	0	_		Trust Fund Contribution	-	to rees
Zip	Country	Zìp	Country	′		This corporation owes the current year Int	angible Yes	IX No
24	[25]	29 30	<u> </u>		ļ	Personal Property Tax.		<u> </u>
	9. Name and Address of Curren	t Registered Agent	81	Name		10. Name and Address of New Registered	Agent	
TΕΔ	GUE, MARVIN J		61	INAITIE	,			
6326 RIDGE TERRACE				Street	t Addres	s (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32810								
UNL	ANDO FL 32010		83					
			84	City			85 Zip	Code
						FL	.	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	orized by	the cord	d corpora poration	ation submits this statement for the purpose of is board of directors. I hereby accept the appoint	changing it ntment as r	egistered egistered
SIGNATURE								
0.	Signature, typed or printed name of registered ager		gistered Age	nt signature	required w	hen reinstating) DATE		
12.	,	D DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE		P	•	Change	Addition
NAME	(E) (GOZ) IN WITH C		1.2 NAME					1
STREET ADDRESS			1.3 STREE	TADDRESS	3			}
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	1			
TITLE	☐ DELETE 2.11		2.1 TITLE				Change	Addition
NAME			2.2 NAME		} .			}
STREET ADDRESS			2.3 STREE	T ADORESS	3			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP	1			
TITLE		☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME		1			}
STREET ADDRESS			3.3 STREE	T ADDRESS	6			}
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					}
STREET ADDRESS			4.3 STREE	T ADDRESS	3			
CITY-ST-ZIP			4.4 CITY-S					[
TITLE		☐ DELETE	5.1 TITLE		 		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS	3			İ
CITY-ST-ZIP			5.4 CITY-S					}
TITLE		☐ DELETE	6.1 TITLE			Al-	Change	Addition
_					1			I

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP