

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 # P98000094493

1. Corporation Name

DRAIN AWAY PLUMBING, INC.

Principal Place of Business

521 BAY STREET
DUNEDIN FL 34698

Mailing Address

521 BAY STREET
DUNEDIN FL 34698

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip Country

24

Zip

25

Country

29

30

9. Name and Address of Current Registered Agent

SPIECKER, VERONICA L
521 BAY STREET
DUNEDIN FL 34698

81 Name

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

83

84 City

FL 85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE President 1.2 NAME Joseph R. Spiecker 1.3 STREET ADDRESS 521 Bay Street 1.4 CITY-ST-ZIP Dunedin, FL 34698
NAME	Joseph R. Spiecker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	521 Bay St	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	Dunedin, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED
Joe Spiecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

727 738 5446

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/05/1998

4. FEI Number

59 354 2677

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

CR2E034 (11/98)