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PROFIT CORPORATION ANNUAL REPORT

1999

PITTMAN PLUMBLING, INC.



DOCUMENT # P98000096595

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90083 033 ***150.00

Principal Place of Business Mailing Address P.O. BOX 17712 P.O. BOX 17712 TAMPA FL 33682 **TAMPA FL 33682** DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 11/12/1998 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3563 108 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & S ate City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year intangible Zip ONEİ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PITTMAN, DONNA-MARIA Street Acdress (P.O. Box Number is Not Acceptable) 82 13112 HAMNER AVE. **TAMPA FL 33612** 83 85 Zip Code 84 City 11. Pursuant to the provisions of Scictions 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed na ne of registered agent and title if applicable (NOT 2: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition resident ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME 1311 & Hamner Ave. 1.3 STREET ADDRESS STREET ADDRESS tampa, F133612 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

14. I hereby certify that the informa ion 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 13 if changer, or on an attactment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

(11/98) CR2E034

☐ Change