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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000099012

1. Corporation Name

ANDY STEPHENS PLUMBING, INC.

Principal Place of Business
5634 N.E. 61ST AVENUE ROAD
SILVER SPRINGS FL 34488

Mailing Address
5634 N.E. 61ST AVENUE ROAD
SILVER SPRINGS FL 34488

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1998

4. FEI Number

65-0880977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

STEPHENS, ANDY
5634 N.E. 61ST AVENUE ROAD
SILVER SPRINGS FL 34488

10. Name and Address of New Registered Agent

81 Name

Barbara J. Stephens

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

5634 N.E. 61st Avenue Road

83

84 City

Silver Springs,

FL

85 Zip Code
34488

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

Barbara J. Stephens, Secretary

DATE

1/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D, ~~DELETED~~ ☐ DELETE
NAME STEPHENS, ANDY
STREET ADDRESS 5634 N.E. 61ST AVENUE ROAD
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE D, ☐ DELETE
NAME STEPHENS, BARBARA J
STREET ADDRESS 5634 N.E. 61ST AVENUE ROAD
CITY-ST-ZIP SILVER SPRINGS FL 34488

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 P, T, D ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S, D ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D, V ☒ Change ☒ Addition
3.2 NAME RONALD N. STEPHENS
3.3 STREET ADDRESS RT. 3, BOX 457
3.4 CITY-ST-ZIP CUTHBERT, GA 31740

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, with all other like empowered.

SIGNATURE:

Barbara J. Stephens

BARBARA J. STEPHENS, Sec.

1/14/99

(352)236-5372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)