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 # P98000105928 1. Corporation Name

PETE'S PLUMBING SERVICE DIVISION II, INC.

Principal Place	of Business
, titleipai i idoo	OI Daoii,000

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90024 022 ***150.00



Principal Plac	e or business	Mailing Addre	55							
09 1/2 E WASI	HINGTON STREET	809 1/2 E WASI	HINGTON STREET							
orlando fl 32	2801	ORLANDO FL 32801				DO NOT MOUT	IN THIS S	CDACE		
						DO NOT WRITE	IN THIS S	SPACE		٦
_						3. Date Incorporated or Qualifed —				
						12/22/1998				-
2. Principal P	lace of Business	2a. Mailing Ad	oress	> -	/	4. FEI Number			Applied For	4
21 807 7	2 E. Washington Jt.	26 0	Dox J	10	4				lot Applicable	4
Suite, Apt.	#, etc.	Suite, Apt.	#, ejc.			5. Certifcate of Status Desired	\supset		Additional	
22 Orlan		27 Cfclas	27 Selando FL.			Fee Required				
¬	City & State City & State				_ 1	6. Election Campaign Financing	_	•	May Be	
23 328		28 -528	28 32802			Trust Fund Contribution			to Fees	4
Zip		Country Zip Country				8. This corporation owes the current	-			
24	25	29	30			Personal Property Tax.		□Yes	≥No	4
	9. Name and Address of Curren	t Registered Ager	<u> </u>	0.4		10. Name and Address of New Reg	istered A	gent		4
DETE	DOOM NEW W			81	Name					
	RSON, NEIL W			82	Street Add	ress (P.O. Box Number is Not Acceptable)			1
	2 E WASHINGTON STREET									1
ORLA	NDO FL 32801			83						
				84	Cibi	44-49		85 Zip	Code	-
				04	City		FL	65 Zip	Code	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, FI	orida Statutes, the	above	e-named corp	poration submits this statement for the pu	pose of c	hanging it	ts registered	1
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such ch	ange was authorize	d by	the corporati	ion's board of directors. I hereby accept the	ne appoint	tment as r	egistered	
ŭ	ini laminai with, and accept the congu	mons or, occitor co	7.0000, 1101100 010		•					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	(NOTE: Registere	d Ager	t signature require	ed when reinstating)	DATE			1 :
12.		ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12] }
TITLE			DELETE 1.1	TTLE		President		☐ Change	Addition	1:
NAME			1.27	IAME		neil w. Reterson				1:
STREET ADDRESS			133	TREET	ADDRESS	DOON E Whishington	57;			13
				CITY-S		0.4 10 56. 37.8	01			13
CITY-ST-ZIP				TILE		Vice president		☐ Change	Addition	1 8
		_		IAME	7	D. J. 1)0045747			_	1
NAME					·	522 San Sebastian	Prad	0		
STREET ADDRESS					7007400	ach + Sing R	777	14		-
CITY-ST-ZIP				CITY-S	ST-ZIP	CHTTUMONIE JADINES, 126	.561	Change	Addition	-
TITLE		L		ITLE		_		□ Change		
NAME			3.21	IAME						1
STREET ADDRESS			3.3 9	TREE	ADDRESS					
CITY-ST-ZIP			3.4.	CITY-S	T-ZIP					1
TITLE			DELETE 4.1	TILE				☐ Change	Addition	
NAME			4. 2	NAME		·	-	* * *	سرّ بيعو	-
STREET ADDRESS			4.3 5	TREE	ADDRESS					l
CITY-ST-ZIP			4.4 (CITY-S	T-ZIP					
TITLE				ITLE				Change	Addition	1
NAME			5.21	IAME						
STREET ADDRESS			5.3 9	STREET	ADDRESS	•				
				CITY-S		•				
CITY-ST-ZIP TITLE		——————————————————————————————————————		TILE				Change	Addition	1
			J 2 2 2 2 1 4 1	AME						
NAME					TADODECC				*	
STREET ADDRESS	1		6.3	HEE	ADDRESS					1
STREET AUURESS			I							1

14. I hereby certify that the information supplied with this tiling 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 receive of trigstee 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 attachagent with an address, with all other like empowered.

SIGNATURE: