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Apr 30, 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 # S25054

1. Corporation Name
HENRY PLUMBING, INC.

Principal Place of Business

5004 BONNET AVE.
NORTH PORT FL 34287
US

Mailing Address

5004 BONNET AVE.
NORTH PORT FL 34287
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/14/1991

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

27 Suite, Apt. #, etc.

4. FEI Number

65-0242788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

24 Zip 25 Country

28 City & State

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

HENRY, CHARLES D
5004 BONNET AVE.
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

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

TITLE P DELETE

NAME HENRY, CHARLES D.

STREET ADDRESS 5004 BONNET AVE
CITY-ST-ZIP NORT PORT FL 34287

TITLE VP DELETE

NAME PERRY, ASHLEY D

STREET ADDRESS 19505 QUESADA AVENUE
CITY-ST-ZIP PT CHARLOTTE FL 33952

TITLE S DELETE

NAME HENRY, MICHAEL D

STREET ADDRESS 3100 CITRUS AVE
CITY-ST-ZIP HARBOUR HTS FL 33980

TITLE Lance H. Henry DELETE

NAME VP

STREET ADDRESS 5004 BONNET AVE.
CITY-ST-ZIP North Port FL 34287

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 Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES D. HENRY

Date

Daytime Phone #

4/26/99 (941) 426-7987

CR2E034 (1/98)