PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # \$26174



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90013 032 ***150.00

Principal Place 13599 HWY 441 LADY LAKE FL	RRI PLUMBING, INC. e of Business	Mailing Address 13599 HWY 441 LADY LAKE FL 32159			DO NOT	WRITE IN TH		
US		US			3. Date Incorporated or Qual		0 01 7.02	
					01/22/1991			
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	lied For
21		26 Suite Ant III ata			59-3033166		\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	Fee Rec	I .
City & State	te.	City & State			6. Election Campaign Finance	ina —	\$5.00 N	May Be
23		28			Trust Fund Contribution	"' ⁹ 🗆	Added to	,
Zip	Country	Zip	Cou	ntry	8. This corporation owes the	current year l		
24	25	29	30	***	Personal Property Tax.			□No
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of N	w Registere	d Abent	
TOD	ri, ron			81 Name		/	, ,	
	11, 11011 19 HWY 441			82 Street Ad	ddress (P.O. Box Number is Not Acc	eptable)		
	YLAKE FL 32159			83				
				-				
		•		84 City		· F	85 Zip C	ode
	to the provisions of Sections 607.050	O COT 4500 Florida Ctatut		ove named or	progration submits this statement for	the purpose of	of changing its r	registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a tions of Section 607.0505, Flo	utnonzed rida Statu	by the corporates.	ation's board of directors. Thereby a	3/6/	ointment as reg	jistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen	of Florida. Such change was a tions of Section 607.0505, Florida. It and title if applicable. (NOTE	utnonzed rida Statu : Registered	by the corporates.	uired when reinstating)	3/K/ATE	99	
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14. 1 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99

Daytime Phone #