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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90105 020 ***150.00

DOCUMENT # \$27570

PLUMBING BY JOSH, INC.

		<u> </u>			د عد عودت				
Principal Place of Business Mailing Address									
2602 ROGERO RD 2602 ROGERO RD						<u> </u>			
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
}						01/24/1991			1
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number		Ant	plied For
	lace of Business	26				59-3043942			t Applicable
21 Suite Ant	# etc	Suite, Apt. #, etc.	-,					\$8.75 A	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired]	Fee Re		
City & State City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 28					Trust Fund Contribution		Added to		
Zip	Country	Zip	Cou	ntry	·····	8. This corporation owes the current	year Intan	gible	
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Reg	istered Ag	jent	
				81	Name		•		ļ
1	TER, THOMAS R.			82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
	BOX 335 COMMANCHEE RD								
CALI	LIHAN FL 32011			83					
				84	City			85 Zip C	Code
}					-		FL		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida States of Florida, Such change was	tutes, the al	bove-	named corpo	ration submits this statement for the pun's board of directors. I hereby accept the	rpose of ch	langing its nent as rec	registered distered
agent. I a	registered agent, or both, in the Statement in the Statem	gations of, Section 607.0505, F	lorida Stati	utes.	ne corporation	na board of an oblogo. This look observe			,
SIGNATURE									
	Signature, typed or printed name of registered a	J		Agent	signature required		DATE SEDS AND	DIRECTO	DS IN 12
12.	OFFICERS A	AND DIRECTORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND		
12.	OFFICERS A	J	13.	TLE	signature required		ERS AND	DIRECTO Change	RS IN 12
12. TITLE NAME	P PORTER, THOMAS R.	AND DIRECTORS	13. 1.1 TII 1.2 NA	TLE VME			ERS AND		
12. TITLE NAME STREET ADDRESS	P PORTER, THOMAS R. 2602 ROGERO ROAD	AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE ME REET A	ADDRESS		ERS AND		
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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 an an attachment with an application, with all other like empowered.

SIGNATURE: