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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S43262 1. Corporation Name

PIPE-RITE PLUMBING, INC.

Principal Place of Business

Mailing Address

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90047 041 ***150.00

P O BOX 6383 P O BOX 6383 LAKE WORTH FL 33466-6383 LAKE WORTH FL 33466-6383 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/02/1991 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0256770 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Added to Fees 28 Trust Fund Contribution Country Zip Country Zip 8. This corporation owes the current year Intangible XΝο 25 30 Yes 24 29 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAXWELL, ANTHONY R. 4098 KIRKLAND LN 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33466 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 11 TITLE ☐ Change Addition TITLE MAXWELL, ANTHONY R NAME 1.2 NAME 4098 KIRKLAND LN STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP **VPS** DELETE Addition Change 2.1 TITLE TITLE MAXWELL, JUDY A NAME 2.2 NAME 4098 KIRKLAND LN 2.3 STREET ADORESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change Addition NAME: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS HAGTERY. CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition TITLE ☐ Change 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 300 5.4 CITY-ST-ZIP CITY-ST-ZIP T DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

MALURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

561-439-2645

CR2E034 (11/98)