

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 543358

1. Corporation Name

PAUL'S PLUMBING INC.

Principal Place of Business

5460 APALACHEE HWY
TALL. FL. 32311

Mailing Address

P.O. BOX 2712 TALL. FL.
32316

2. Principal Place of Business

21. SAME AS ABOVE

Suite, Apt. #, etc.

22. City & State

23. Zip

Country

24.

25.

LEON

2a. Mailing Address

26. SAME AS ABOVE

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

29.

30.

3. Date Incorporated or Qualified

4-5-91

3a. Date of Last Report

2-20-97

4. FEI Number

59-3057970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LORNA OSTERBYE
5460 APALACHEE HWY
TALL. FL. 32311

10. Name and Address of New Registered Agent

81. Name

PAUL OSTERBYE

82. Street Address (P.O. Box Number is Not Acceptable)

5460 APALACHEE HWY

83. City

TALLAHASSEE FL.

84. State

FL

85. Zip Code

32311

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

9/15/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT LORNA OSTERBYE 5460 APALACHEE HWY TALL. FL. 32311

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRESIDENT/DIRECTOR PAUL OSTERBYE 5460 APALACHEE HWY TALLAHASSEE FL. 32311

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

TREASURER LORNA OSTERBYE 5460 APALACHEE HWY TALL. FL. 32311

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

Signature and typed or printed name of signing officer or director

9/15/97

912-5888

Date

Daytime Phone #

CR2E034 (9/96)