

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 30 1997 8:00am  
Secretary of State

DOCUMENT # V27783

(2)

1. Corporation Name

OBERDECK PLUMBING, INC.

Principal Place of Business

3047 PLYMOUTH ST.  
JACKSONVILLE FL 32205  
US

Mailing Address

3047 PLYMOUTH ST.  
JACKSONVILLE FL 32205-6023  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GRISSETT, W.E. JR  
1001 BLACKSTONE BLDG  
233 E BAY ST  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

04/07/1992

3a. Date of Last Report

06/14/1996

4. FEI Number

59-3116488

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81 Name

ALLEN TOUCHER

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

2314 BULLSOUTH TOWN SQ

83

301 W BAY ST

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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 fee if applicable

(NOTE: Registered Agent Signature required when re-instating)

DATE

5-22-97

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
OBERDECK, PETER K.  
STREET ADDRESS  
3047 PLYMOUTH STREET  
CITY-ST-ZIP  
JACKSONVILLE FL

1.2 TITLE ☐ DELETE

NAME  
OBERDECK, MARTIN K.  
STREET ADDRESS  
3047 PLYMOUTH STREET  
CITY-ST-ZIP  
JACKSONVILLE FL

1.3 TITLE ☐ DELETE

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

1.7 TITLE ☐ DELETE

1.8 TITLE ☐ DELETE

1.9 TITLE ☐ DELETE

1.10 TITLE ☐ DELETE

1.11 TITLE ☐ DELETE

1.12 TITLE ☐ DELETE

1.13 TITLE ☐ DELETE

1.14 TITLE ☐ DELETE

1.15 TITLE ☐ DELETE

1.16 TITLE ☐ DELETE

1.17 TITLE ☐ DELETE

1.18 TITLE ☐ DELETE

1.19 TITLE ☐ DELETE

1.20 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4/28/97

904 399 5993

CR2E034 (9/96)