Cert. # P576-963-762

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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V28439

(0)

METRO PLUMBING AND PIPING, INC.

FILED Apr 29 1997 8:00am Secretary of State

Principal Place of Business 6241 METRO PLANTATION RD. SUITE B FT. MYERS FL 33912		Mailing Address 6241 METRO PLANTATION RD. SUITE B FT. MYERS FL 33912-1213					
US		US			3. Date Incorporated or Qualified 04/14/1992	3a. Date of Last Report 05/01/1996	
2. Principal P	lace of Business	26. Mailing Address			4. FEI Number 65-0325915	Applied Fo	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	
City & State	θ	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	-
Zip	Country 25	Zip	Country 30	THE RESERVE OF THE PERSONS	8. This corporation has liability for	·	?,
	9. Name and Address of Curre		·==		10. Name and Address of New Re	gistered Agent	
6241	KER, WILLIAM R. I-B METRO PLANTATION RD.		81 82	Name Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	
Fi.1	MYERS FL 33912		83		 		
	•		84	City		FL B5 Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	gations of, Section 607.0505, Ftc	orida Statutes	š.	poration submits this statement for the plant is board of directors. I hereby acce	· — ı ı	ired ∋d
12.		ID DIRECTORS	13.	in signature requi	ADDITIONS/CHANGES TO OFFI		
TITLE	PT	DELFTE	1.1 TITLE		7,0011101107011111102010 0111	Change Add	
NAME	TUCKER, WILLIAM R.	M R.				_ v <u>_</u>	
STREET ADDRESS	2107 S.E. 19TH LANE		1.2 NAME 1.3 STREET	ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY - S				
TITLE	VS	DELETE	2.1 TITLE	L		Change Add	lition
NAME	TUCKER, DONNA L.		2.2 NAME			• _	
STREET ADDRESS	2107 S.E. 19TH LANE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY - S				
TITLE		DELFIE	3.1 TITLE			Change Add	dition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S	37-2IP			
TITLE		DELETE	4.* TITLE			Change Add	dition
NAME			4. 2 NAME				
STREET ADDRESS			4,3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	.1 - 2IP			
TITLE		DECETE	5.º TITLE			Change Add	dition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHTY-S				
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Add	dilion
NAME			6.2 NAME				
CTOCCT ADDRESS			C 2 CIDECT	ACIDDECC			- 1

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 attrophment with an address