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2019 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

- 1. CORPORATION NAME: BYLER PLUMBING AND HEATING COMPANY, INC.
- 2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY. MARK E SLAUGHTER **440 MONTICELLO AVENUE SUITE 2200** NORFOLK, VA 23510
- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 212-NORFOLK CITY
- 4. STATE OR COUNTRY OF INCORPORATION: **VA-VIRGINIA**

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 924 BEDFORD ST	ADDRESS:
CITY/ST/ZIP CHESAPEAKE, VA 23322	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: Correction C Addition Replacement Information is correct Information is incorrect Information OFFICER DIRECTOR OFFICER X DIRECTOR X NAME: WILLIE J YODER NAME: TITLE: TITLE: PRESIDENT ADDRESS: 924 BEDFORD ST ADDRESS: CITY/ST/ZIP: CITY/ST/ZIP: CHESAPEAKE, VA 23322

I affirm that the information contained in this report is accurate and complete as of the date below.

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WILLTE A. YODER

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

03/15/19 DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

- SCC ID NO .: 0096486-6
- 5. TOTAL NUMBER OF AUTHORIZED SHARES: 200

DUE DATE: 04/30/19

CORPORATION NAME: BYLER PLUMBING AND HEATING COMPANY, INC.	DUE DATE: 04/30/19 SCC ID NO.: 0096486-6	190511				
7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:					
OFFICER 🕅 DIRECTOR 🕅						
NAME: CAROLYN M YODER	NAME:					
TITLE: SECRET/TREASURE	TITLE:					
ADDRESS: 924 BEDFORD ST	ADDRESS:					
CITY/ST/ZIP: CHESAPEAKE, VA 23322	CITY/ST/ZIP:					
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:					
NAME:	NAME:					
TITLE:	TITLE:					
ADDRESS:	ADDRESS:					
CITY/ST/ZIP:	CITY/ST/ZIP:					
Mark appropriate box unless area below is blank:	If the block to the teft is blank or contains incorrect data, please mark appropriate box and enter information below:					
NAME:	NAME:					
TITLE:	TITLE:	0010891				
ADDRESS:	ADDRESS:					
CITY/ST/ZIP:	CITY/ST/ZIP:					
Mark appropriate box unless area below is blank:	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:					
NAME:	NAME:					
TITLE:	TITLE:					
ADDRESS:	ADDRESS:					
CITY/ST/ZIP:	CITY/ST/ZIP:					

2019 ANNUAL REPORT CONTINUED

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