

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

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 151679 1. Corporation Name CORAL GABLES PLUMBING CO			
Principal Place of Business 4119 PONCE DE LEON BLVD. CORAL GABLES, FLA. 33146		Mailing Address 4119 PONCE DE LEON BLVD. CORAL GABLES, FLA. 33146	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date Incorporated or Qualified 07-14-47 4. FEI Number 59-1025887 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent RICHARD D SWANSON 4119 PONCE DE LEON BLVD CORAL GABLES FLA 33146		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaining)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP ☐ DELETE		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP ☐ DELETE		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP ☐ DELETE		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP ☐ Change ☐ Addition	
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP ☐ DELETE		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP ☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Richard D Swanson* SECRETARY

4/29/98

CR2E034 (10/97)