FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996			DIVISION OF CORPORATIONS						
DOCUI		272909	(3)						
,	ERON BROS. PLU	JMBING CO., INC).						
Principal Place of Business		Mai	Mailing Address				IIR ICH BIER G		OH EIEN OHNH HOU
650 HALL ROAD MALABAR FL 32950 US			650 HALL ROAD MALABAR FL 32950 US						
			00			3. Date Incorporated or Qualified 09/20/1963	3a. Date	of Last Ft 04/20/1	
2. Principal Piace of Business		<u></u>	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			59-1028549			Not Applicable
22		27	and the second			Certificate of Status Desired	×	•	Additional Required
City & State 23	<u> </u>	28	City & State		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Ζφ 7.11	Country	` ⊨ı	?ір	Country		8. This corporation has liability for i			
24	[25] g. Name and Address of Curre		29 30			Fiorida Statutes Yes 10. Name and Address of New R		- Cont	
	· · · · · · · · · · · · · · · · · · ·			81	Name	10. Hame and Address of New N	phisto: 40 %	gent	
CAMERON,RICHARD E.				82	Street Add	ress (P.O. Box Number is Not Acceptable	le)		
650 HALL RD.									
MALA	BAR FL 32950			63					
				84	City	· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	p Code
11. Pursuant t	a the provisions of Secti	ons 607.0502 and 607.	1508, Florida Statute	s, the a ve-r	named corpor	ration submits this statement for the purp	page of abou	nging its r	egistered office
familiar wit	ed agent, or both, in the h, and accept the obliga	State of Florida, Such on the State of Florida, Such of Section 607.05	change was authorize 505, Florida Statutes.	d by the corp	oration's boa	rd of directors. I hereby accept the appo	intment as i	registered	agent. I am
SIGNATURE .	Signature itypiekliou printed name:								
12.			if and title if application (NOTE: Register in Agent signature required NO DIRECTORS 13		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	BS IN 12	
TITLE	PD		DELETE	1. 1 TITLE] Change	Addition
NAMÉ	CAMERON, RICH			1.2 NAME					
STREET ADDRESS	650 HALL ROAL	J		1.3 STREET	ADDRESS				
CHY-ST-ZIP TIFLE	MALABAR FL V		DELETE	1.4 CITY - S 2 1 TITLE	T-ZIP] Change	T Addition
NAME	CAMERON, RICI	HARD E JR.	_ otter	2 2 NAME			L	j Change	Addition
STREET ADDRESS 650 HALL ROAD				2 3 STREET	ADORESS				
CITY-ST-ZIP	MALABAR FL			24 CITY-S	T-ZIP				
101.6	ST		DELETE	3. 1 TITLE				Change	Addition
NAME	CAMERON, RICI			3.2 NAME					
STREET ADDRESS	650 HALL ROAD Malabar Fl	,		33 STREET					
CHY-S1-7/P THEE	MALADAN FL		DELETE	34 City-S 4 1 Title	1 - ZIP] Change	[7] Addition
NAM:				4 2 NAME			L) Grange	Addition
SPREET ADDRESS				4 3 STREET	ADDRESS				
CITY - ST - ZIP				4 4 CITY-S	- 1				
THEF			DELETE	5 1 TITLE] Change	☐ Addition
NAME				5 2 NAME					
STREET ADDRESS				5 3 STREET					
CITY ST ZIF THILE			DELETE	5 4 CITY-S	T-ZIP			1 Charre	
NAME			Porteit	6 1 TITLE 6 2 NAME			L] Change	☐ Addition
STREET ADDRESS				6 3 STREET	ADDRESS				
CITY - ST - ZIF				6.4 CITY - S					
	certify that the informat	ion supplied with this file	ng is voluntarily furnis	shed and does	not qualify for	or the exemption stated in Section 119.0	7(3)(k), Flori	da Statuti	es. I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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.

SIGNATUREX RULLAND TYPED OF PRINTED NAME OF SIGNING OFFICE OF DIRECTOR

3/6/96 401-70