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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **408385** **(3)**

1. Corporation Name
ACE PLUMBING, INC.

Principal Place of Business	Mailing Address
5946 CLARK CENTER AVE SARASOTA FL 33423 US	~~5946 CLARK CENTER AVE~~ ~~SARASOTA FL 34238-8716~~ ~~US~~

3. Date Incorporated or Qualified: 09/08/1972	3a. Date of Last Report: 03/13/1996
4. FEI Number: 59-1460299	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 3569 WEBBER ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 SARASOTA FLORIDA
Zip 24 / Country 25	Zip 29 34239 / Country 30 USA

9. Name and Address of Current Registered Agent

BARON, RICHARD
~~1910 MEADOWOOD ST.~~ 7231 FOXTROTTING RD
~~SARASOTA FL 34231~~ SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARON,RICHARD		1.2 NAME	
STREET ADDRESS	~~1910 MEADOWOOD ST.~~		1.3 STREET ADDRESS	7231 FOX TROTTING RD.
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARON, SHARON K.		2.2 NAME	
STREET ADDRESS	~~1910 MEADOWOOD ST.~~		2.3 STREET ADDRESS	7231 FOX TROTTING RD
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BARON, TIMOTHY		3.2 NAME	
STREET ADDRESS	~~1910 MEADOWOOD STREET~~		3.3 STREET ADDRESS	7231 FOX TROTTING RD
CITY-ST-ZIP	SARASOTA FL 34231		3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Sharon K. Baron SHARON K. BARON U.S. 1-17-97 941-924-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #