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FILED

**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 507064

(4)

1. Corporation Name
THARP PLUMBING SYSTEMS, INC.



Principal Place of Business

Mailing Address

**625 WILMER AVE.
ORLANDO FL 32808**

**625 WILMER AVE.
ORLANDO FL 32808-7835**

3. Date Incorporated or Qualified

3a. Date of Last Report

07/13/1976

06/19/1996

4. FEI Number

Applied For

59-1674469

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THARP, JAMES W. JR.
625 WILMER AVENUE
ORLANDO FL 32808**

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

Signature (typed or printed name of registered agent) and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THARP, JAMES W., JR	
STREET ADDRESS	1972 ALAQUA DRIVE	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OSBORN, PAUL F. JR.	
STREET ADDRESS	1416 YATES ST	
CITY- ST- ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLIPHANT, ERIC R	
STREET ADDRESS	1239 PIN OAK DR	
CITY- ST- ZIP	APOPKA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THARP, JAMES W JR	
STREET ADDRESS	1872 ALAWUA	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	S / Treas	<input type="checkbox"/> DELETE
NAME	Waylander, E Elizabeth	
STREET ADDRESS	120 Windtree Lane	
CITY- ST- ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

Paul Colman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97
Date

407-295-2370
Daytime Phone #

CR2E034 (9/96)