5/23/97 B-7665 -NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 550065

(0)

 Corporatio 	TY PLUMBING, INC.	, (6)						
Principal Plac	e of Business	Mailing Address			i camini dirbi arrif amin falit dirat diri d	I SENI WINST N	iāri Brāri alāti ālāji rāār	
9507 STATE RD 52 9507 STATE RD 52 HUDSON FL 34669 HUDSON FL 34669-3002				C				
			r			Date Incorporated or Qualified 11/08/1977		ite of Last Report
2. Principal P	Pace of Business	2a. Mailing Address				4. FEI Number	<u></u>	Applied For
21		26				59-1785733		Not Applicable
Suite, Apt.	# , €lc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Regulred
City & Stat	City & State City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Z ip 29	Coun	Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
9507 S.R. 52 HUDSON FL 34669				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				
			*	.3				
					City		FL.	85 Zip Gode
11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	02 and 607,1508, Florida Statut e of Florida. Such change was a gations of, Section 607,0505, Flo	es, the abo authorized orida Statu	we∙n by th tes.	amed corpore le corporation	ration submits this statement for the p n's board of directors. I hereby accep	urpose of al the app	changing its registered ointment as registered
SIGNATURE	Signature typed or printed name of registered a	gent and title if applicable. (NOT	E: Flegislered /	Agent s	signatura required	when reinstating)	DATE	-
12,			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		The second secon
TITLE	PO	DELETE 1.1 T		E				Change Addition
NAME	KIELTY, RODNEY J.		1.2 NAM	Æ	ļ			
STREET ADDRESS	8903 SKYMASTER DRIVE		1.3 STRI	ET AD	DRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY	- 51 - 2	NP			
TITLE	V	☐ DELETE	2.1 TITL	E				☐ Change ☐ Addition

KIELTY, MARY L. 22 NAME 8903 SKYMASTER DRIVE STREET ADDRESS 2.3 STREET ADDRESS NEW PORT RICHEY FL 2.4 CITY-ST-ZIP CITY ST-7P DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-ST-7IP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP COLY+S1+ZIP DELETE Change Addition THLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C014-51-76 DELETE Addition 6.1 TITLE TITE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 eath; 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROD J. KIELTY 5/13/97

FILED

May 23 1997 8:00am

Secretary of State