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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736933 (3)

1. Corporation Name

SARASOTA COUNTY PLUMBING, HEATING & COOLING CONTRACTORS, INC.



Principal Place of Business

Mailing Address

3860 MALEC CIRCLE
SARASOTA FL 34233

3860 MALEC CIRCLE
SARASOTA FL 34233

3. Date Incorporated or Qualified
09/29/1976

3a. Date of Last Report
03/16/1995

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, JON G.
6251 MANDARIN LANE
SARASOTA FL 34238

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 617.0502 and 617.1508, 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 617.0503, 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 ~~VP~~ PD
NAME MILLIGAN, WILLIAM L
STREET ADDRESS 6317 HAWKINS RD
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ~~VP~~ FRANK CDDO
1.2 NAME
1.3 STREET ADDRESS 3956 S. TAMiami TR.
1.4 CITY-ST-ZIP UDONIE, FL, 34293

TITLE ~~D~~
NAME ROBERTS, TERRY
STREET ADDRESS 4133 GERWE RD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ~~D~~
2.2 NAME JOHN KENNEL
2.3 STREET ADDRESS 5678 FRUITVILLE RD
2.4 CITY-ST-ZIP SARASOTA FL, 34232

TITLE ~~SD~~
NAME WOLF, JON
STREET ADDRESS 6251 MANDARIN LANE
CITY-ST-ZIP SARASOTA FL 34238

3.1 TITLE ~~D~~
3.2 NAME BOB LEFERNEN
3.3 STREET ADDRESS P.O. Box 15848 N/A
3.4 CITY-ST-ZIP SARASOTA FL 34277-1848

TITLE ~~TD~~
NAME PEZZELLA, MARIO
STREET ADDRESS 3860 MALEC CIRCLE
CITY-ST-ZIP SARASOTA FL 34233

4.1 TITLE ~~D~~
4.2 NAME RON HORN
4.3 STREET ADDRESS 6943 HAWKINS RD
4.4 CITY-ST-ZIP SARASOTA FL, 34241

TITLE ~~MD~~
NAME JACKSON, KEN
STREET ADDRESS 750 BELL RD
CITY-ST-ZIP SARASOTA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~D~~
NAME LUIKO, BILL
STREET ADDRESS 6020 DEACON RD
CITY-ST-ZIP SARASOTA FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JON WOLF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-96 941-924-1153

Date

Daytime Phone #

CR2E037 (12/95)