


5/11/98 B-1049 C
FILE NOW: FILING FEE IS \$61.25

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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765705 (9)
1. Corporation Name
PLUMBERS & PIPEFITTERS 624 HOLDING CORP., INC.

Principal Place of Business 3601 N. MCINTOSH RD. DOVER FL 33527-6146	Mailing Address 3601 N. MCINTOSH RD. DOVER FL 33527-6146
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/09/1982	4. FEI Number 59-2313701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BOATRIGHT, BYRON 508 W 127TH AVE TAMPA FL 33612	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	PDT
NAME	DODD, ROBERT	1.2 NAME	McCullough, Gary
STREET ADDRESS	4405 B GARDEN LANE	1.3 STREET ADDRESS	1510 Shore Acres Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Lakeland, FL
TITLE	VPT	2.1 TITLE	VPT
NAME	MCCULLOUGH, GARY	2.2 NAME	Thayer, Roger
STREET ADDRESS	1510 SHORE ACRES DR	2.3 STREET ADDRESS	11901 Shadow Run Blvd.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Riverview, FL
TITLE	SDT	3.1 TITLE	
NAME	BOWER, ROGER	3.2 NAME	
STREET ADDRESS	2911 E 97TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: _____

4/14/98

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