

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 APR -7 AM 5:11

DOCUMENT # F82656 (2)

1. Corporation Name
SUNSHINE PLUMBING OF SARASOTA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O DAVID JOHNSON RT. 2, BOX 8 RAINBOW RANCH SARASOTA FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/25/1982** 3a. Date of Last Report **03/18/1994**

2. Principal Place of Business 2a. Mailing Address
21 **C/O DAVID JOHNSON** 26 **C/O DAVID JOHNSON**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **16321 WINBURN DRIVE** 27 **16321 WINBURN DRIVE**
City & State City & State
23 **SARASOTA, FL** 28 **SARASOTA, FL**
Zip Country Zip Country
24 **34240** 25 **U.S.** 29 **34240** 30 **U.S.**

4. FEI Number **59-2325031** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, DAVID
RT. 2, BOX 8 RAINBOW RANCH
SARASOTA FL 33583**

81 Name **JOHNSON, DAVID**
82 Street Address (P.O. Box Number is Not Acceptable)
16321 WINBURN DRIVE
83
84 City **SARASOTA** FL 85 Zip Code **34240**

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 typeset or printed name of registered agent and state of incorporation)

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	JOHNSON, DAVID A
STREET ADDRESS	16321 WINBURN DRIVE
CITY, ST, ZIP	SARASOTA, FL 90000 34240
TITLE	ST
NAME	JOHNSON, SALLIE G
STREET ADDRESS	16321 WINBURN DRIVE
CITY, ST, ZIP	SARASOTA, FL 00000 34240
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(1)(b), Florida Statutes. I further certify that the information set forth on this annual report or subsequent 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 trustee 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 of this report or on an attached form with my address.

SIGNATURE: ✓

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A JOHNSON

✓ 4/8/95 815-322-1821