

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F82656** (2)

1. Corporation Name **SUNSHINE PLUMBING OF SARASOTA, INC.**



Principal Place of Business: **C/O DAVID JOHNSON 16321 WINBURN DRIVE SARASOTA FL 34240 US**
 Mailing Address: **C/O DAVID JOHNSON 16321 WINBURN DRIVE SARASOTA FL 34240 US**

3. Date Incorporated or Quinched: **05/25/1982**
 3a. Date of Last Report: **04/07/1995**
 4. FEI Number: **59-2325031**
 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **JOHNSON, DAVID 16321 WINBURN DRIVE SARASOTA FL 34240**
 10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85 (FL)

11. Pursuant to the provisions of Sections 607.0509 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, DAVID A		2. NAME	
STREET ADDRESS: 16321 WINBURN DRIVE		3. STREET ADDRESS	
CITY, ST, ZIP: SARASOTA, FL 00000		4. CITY, ST, ZIP	
TITLE: ST	<input checked="" type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, SALLIE G		6. NAME	
STREET ADDRESS: 16321 WINBURN DRIVE		7. STREET ADDRESS	
CITY, ST, ZIP: SARASOTA, FL 00000		8. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME	
STREET ADDRESS:		11. STREET ADDRESS	
CITY, ST, ZIP:		12. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME	
STREET ADDRESS:		15. STREET ADDRESS	
CITY, ST, ZIP:		16. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME	
STREET ADDRESS:		19. STREET ADDRESS	
CITY, ST, ZIP:		20. 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(1)(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 and the records or books empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (change) or on an attachment with an address.

SIGNATURE: **DAVID A JOHNSON** 3/13/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)