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FILED
Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H28072 (7)
 1. Corporation Name
QUALITY PLUMBING OF GAINESVILLE, INC.



Principal Place of Business: **RT 1 BOX 239 P.O. BOX 147 BROOKER FL 32622**
 Mailing Address: **RT 1 BOX 239 P.O. BOX 147 BROOKER FL 32622-0147**

3. Date Incorporated or Qualified: **10/30/1984** 3a. Date of Last Report: **04/25/1996**
 4. FEI Number: **59-2466644** 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

2. Principal Place of Business: **21 14872 SW 161 Street** 2a. Mailing Address: **26 14872 SW 161 Street**
 State, Apt. #, etc.: Suite, Apt. #, etc.:
 22 City & State: 27 City & State:
 23 Zip: Country: 28 Zip: Country:
 24 25 29 30

9. Name and Address of Current Registered Agent: **ENWALL, PETER C.K. 211 NE FIRST ST GAINESVILLE FL 32601**
 10. Name and Address of New Registered Agent:
 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable):
 83 84 City: 85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	<input type="checkbox"/> DELETE	1.1 TITLE: Change	<input type="checkbox"/> Addition
NAME: NAZWORTH, ANGELA		1.2 NAME:	
STREET ADDRESS: RT 1 BOX 239		1.3 STREET ADDRESS: 14872 SW 161 Street	
CITY- ST- ZIP: BROOKER FL		1.4 CITY- ST- ZIP:	
TITLE: P	<input type="checkbox"/> DELETE	2.1 TITLE: Change	<input type="checkbox"/> Addition
NAME: NAZWORTH, BRYAN		2.2 NAME:	
STREET ADDRESS: RT 1 BOX 239		2.3 STREET ADDRESS: 14872 SW 161 Street	
CITY- ST- ZIP: BROOKER FL		2.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY- ST- ZIP:		3.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY- ST- ZIP:		6.4 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 included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Angela K Nazworth* Date: **2/18/97** County: **352-485-1271**

CR2E034 (9/96)