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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # .J49131

(2)

1. Corporation Name WYMAN PLUMBING, INC. Principal Place of Business 3002 447H AVE W BRADENTON FL 34207 US Mailing Address 3002 447H AVE W BRADENTON FL 34207 US								
		US			3. Date Incorporated or Qualified 12/29/1986		te of Last R 03/28/19	
2. Principal Pla 21	ce of Business	2a. Mailing Address 26			4. FET Number 59-2754325			Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State		The state of the s	Election Campaign Financing Trust Fund Contribution			0 May Be
Zip Country 25		Zip 29	Zip Country 30		This corporation has liability for intangible tax under s. 199,032, Florida Statutes			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New	Registered	l Agent	
6468 PA	Ough, donald F. RKland dr. Dta fl 34243			81 Name 82 Street Address (F.O. Box Number is Not Acceptable) 83 84 City				
or registere familiar with	ad agent, or both, in the State of Floric and accept the obligations of, Section Section 1 the following of the section of t	Ja. Such change was author, on 607,0505, Florida Statuse and the nagricals (6	zed by the c s.	vertained corporation's boar	ation submits this statement for the prid of directors. I hereby accept the application of the prid directors of the prid directory. ADDITIONS/CHANGES TO OF	cointment a	s registered	agent. Lam
Trile	PT OFFICERS AND	DELETE	1 1 1 1	Tr. f	ADDITIONS/CHANGES TO OF	FICERS AN	Change	RS IN 12
NAME	MCDONOUGH, DONALD F.						change	Addition
STREET ADDRESS	6468 PARKLAND DR. SARASOTA FL			REET ADDRESS				
CITY-ST-Z;P	V\$	☐ DELETE		TY-\$1-7IP			7.	
TITLE NAME	MCDONOUGH, BLYTHE B		2 1 TI 2 2 NA				☐ Change	Addition
STREET ADDRESS CITY - ST - ZIP	6468 PARKLAND DR SARASOTA FL			REFLADDRESS IY-SI-ZIP				
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NAME			3 2 N ²	IME				
STREET ADDRESS			3 3 S	FREET ADDRESS				
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TITLE		DELETE	4 1 11	TLE			Change	☐ Addition
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NAME			5 2 NA					
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TITLE		DELETE	6 1 TI				Change	Addition
NAME			6.2 NA					
STREET ADDRESS			6351	REFT ADDRESS				
CITY-ST-ZIP	certify that the information supplied w		6 4 CI	Y-ST-ZIP				

I. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with any others.

SIGNATURE:

BOATLE ME DOTALE SIGNING OF THE OF DIRECTOR

4-8-96 941-155-1595