

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # L45036 (5)**  
 1. Corporation Name  
**ST. PETERSBURG PLUMBING SERVICES, INC.**



Principal Place of Business Mailing Address  
**6500-47TH ST. N. SUITE 6 PINELLAS PARK FL 34665-5955 US**  
**6500-47TH STREET, N. SUITE 6 PINELLAS PARK FL 34665-5955**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/25/1990**  
 4. FEI Number **59-2987073** 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 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  
**FEHRENBACH, DAVID J.  
 6500-47TH ST. N.  
 STE. 6  
 PINELLAS PARK FL 33781**

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

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 607.0905, Florida Statutes.

SIGNATURE *David J. Fehrenbach* **David J. Fehrenbach** **3/24/98**  
Signature, typed or printed name of the current agent and file, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPT	<input type="checkbox"/>
NAME	FEHRENBACH, DAVID J.	
STREET ADDRESS	6500-47TH ST. N., STE. 6	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DV	<input type="checkbox"/>
NAME	HINCKLEY, BRUCE M.	
STREET ADDRESS	6500-47TH ST. N., STE. 6	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	DS	<input type="checkbox"/>
NAME	SCHEMERA, MICHAEL	
STREET ADDRESS	6500-47TH ST., N. STE. 6	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DPT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Fehrenbach, David J.		
1.3 STREET ADDRESS	6500-47th St. N., Ste 6		
1.4 CITY-ST-ZIP	Pinellas Park FL 33781		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Auder, Kelly Jo		
4.3 STREET ADDRESS	735 Valencia Drive South		
4.4 CITY-ST-ZIP	Largo, Florida 33778		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David J. Fehrenbach* **David J. Fehrenbach D.P.** **3/24/98** **(813) 526-7600**  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0406737

CR2E034 (10/97)