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May 05 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 # **L45104** **(1)**

1. Corporation Name
DOC'S PLUMBING, INC.

Principal Place of Business	Mailing Address
~~1059 N.E. 43RD STREET~~ **FORT LAUDERDALE FL 33334** 1058 NE 43 CT Fort Lauderdale, Fl 33334	~~1059 N.E. 43RD STREET~~ **FORT LAUDERDALE FL 33334-3805** 1058 NE 43 CT Ft Lauderdale, Fl 33334

3. Date Incorporated or Qualified: **12/29/1989**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21: 1058 NE 43 CT
Suite, Apt. #, etc.
22: Ft Lauderdale
City & State
23:
Zip 24: 33334 Country 25: BROWARD

2a. Mailing Address
26: 1058 NE 43 CT
Suite, Apt. #, etc.
27:
City & State
28: Ft. Lauderdale
Zip 29: 33334 Country 30:

4. FEI Number: **65-0165426** ☐ 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

CLINE, DEBORAH S
1059 NE 43RD ST
FT LAUDERDALE 33334

10. Name and Address of New Registered Agent

81 Name: Cline Deborah S.
82 Street Address (P.O. Box Number is Not Acceptable): 1058 NE 43 Ct.
83: Ft Lauderdale,
84 City: FL **FL** 85 Zip Code: 33334

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: Deborah S Cline — 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Same	☒ Change ☐ Addition
NAME	CLINE, DANIEL J.		1.2 NAME	Same	
STREET ADDRESS	664 NW 21ST ST..		1.3 STREET ADDRESS	2224 NE 18 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE	ST	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	CLINE, DEBORAH		2.2 NAME	SAME	
STREET ADDRESS	664 NW 21ST ST.		2.3 STREET ADDRESS	2224 NE 18 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	WILTON MANORS. FL 33305	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: Deborah S Cline REQUIRED — 4/24/97 — 566-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

020591