

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P31071 (4)

1. Corporation Name

GILBERT PUMP & MECHANICAL, INC.



Principal Place of Business

P.O. BOX 955
SHALIMAR FL 32579

Mailing Address

P.O. BOX 955
SHALIMAR FL 32579

3. Date Incorporated or Qualified

08/07/1990

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 227 Green Acres Road

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft. Walton Beach

28 Zip

24 32548

Country

29 Zip

Country

30

4. FEI Number

63-1025526

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

10. Name and Address of New Registered Agent

GILBERT, DANNY
227 GREEN ACRES RD
FT. WALTON BEACH FL 32548

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GILBERT, DANNY
STREET ADDRESS 227 GREEN ACRES RD
CITY-ST-ZIP FT. WALTON BEACH FL

DELETE

TITLE ST
NAME GILBERT, MARY J.
STREET ADDRESS 227 GREEN ACRES RD
CITY-ST-ZIP FT. WALTON BEACH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 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(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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 1996

(904) 364-4000

CR2E034 (12/95)