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Jan 27 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 # P95000088522 (4)

1. Corporation Name
D&S PLUMBING COMPANY, INC.

Principal Place of Business

9601 N PALAFOX ST
BLDG 3A
PENSACOLA FL 32534
US

Mailing Address

9601 N PALAFOX ST
BLDG 3A
PENSACOLA FL 32534-1272
US



2. Principal Place of Business

21 9601 N. PALAFOX ST
Suite, Apt. #, etc.
22 BLDG 5
City & State
23 PENSACOLA, FL
Zip Country
24 32534 25 US

2a. Mailing Address

26 9601 N. PALAFOX ST
Suite, Apt. #, etc.
27 BLDG 5
City & State
28 PENSACOLA, FL
Zip Country
29 32534 30 US

3. Date Incorporated or Qualified

11/16/1995

3a. Date of Last Report

04/03/1996

4. FEI Number

59-3343126

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

BRUCE, ROBERT C
544 MILESTONE BLVD.
CANTONMENT FL 32533

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 607.0505, Florida Statutes.

SIGNATURE

Robert C Bruce Robert C Bruce PRESIDENT

1-15-97

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	STEWART, DAVID A	
STREET ADDRESS	4925 HWY. 95 A	
CITY - ST - ZIP	CANTONMENT FL 32533	
TITLE	VD	DELETE
NAME	BRUCE, WILLIAM S	NO CHANGE
STREET ADDRESS	2560 SOUTHERN OAKS DR	
CITY - ST - ZIP	CANTONMENT FL 32533	
TITLE	STD	DELETE
NAME	BRUCE, ROBERT C	CHANGE
STREET ADDRESS	544 MILESTONE BLVD	
CITY - ST - ZIP	CANTONMENT FL 32533	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	Change	Addition
1.2 NAME	BRUCE, ROBERT C.		
1.3 STREET ADDRESS	344 MILESTONE BLVD		
1.4 CITY - ST - ZIP	CANTONMENT, FL 32533		
2.1 TITLE	TREASURER	Change	Addition
2.2 NAME	BRUCE, ALICE M.		
2.3 STREET ADDRESS	544 MILESTONE BLVD		
2.4 CITY - ST - ZIP	CANTONMENT, FL 32533		
3.1 TITLE	SECRETARY	Change	Addition
3.2 NAME	SILCOX, THOMAS D.		
3.3 STREET ADDRESS	1092 TROUBLE LANE		
3.4 CITY - ST - ZIP	CANTONMENT, FL 32533		
4.1 TITLE	SECRETARY	Change	Addition
4.2 NAME	SILCOX, THOMAS D.		
4.3 STREET ADDRESS	1092 TROUBLE LANE		
4.4 CITY - ST - ZIP	CANTONMENT, FL 32533		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 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 a change or addition in attachment with an address.

SIGNATURE:

Robert C Bruce Robert C Bruce President 1-15-97
(904) 857-0090

SIGNATURE AND TITLE OF CERTIFIED NAME OF SIGNING OFFICER OR DIRECTOR

0487183

CR2E034 (9/96)