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Mar 13 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 # **P96000011083 (8)**

1. Corporation Name
P & T PLUMBING, INC.

Principal Place of Business	Mailing Address
205 VIRGINIA AVE MEXICO BEACH FL 32410	205 VIRGINIA AVE MEXICO BEACH FL 32410

3. Date Incorporated or Qualified: 02/02/1996
3a. Date of Last Report:

2. Principal Place of Business
21 P & T Plumbing, Inc
22 P.O. Box 13371
23 Mexico Beach Fl
24 32410 25 Gulf

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3364221 ☐ 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

STOMP, PATRICK J
205 VIRGINIA AVE
MEXICO BEACH FL 32410

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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	☒ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	STOMP, PATRICK J		12 NAME	
STREET ADDRESS	205 VIRGINIA AVE		13 STREET ADDRESS	
CITY-ST-ZIP	MEXICO BEACH FL 32410		14 CITY-ST-ZIP	
TITLE	D	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	STOMP, PATRICK J		22 NAME	
STREET ADDRESS	205 VIRGINIA AVE		23 STREET ADDRESS	
CITY-ST-ZIP	MEXICO BEACH FL 32410		24 CITY-ST-ZIP	
TITLE	President	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Stomp Patrick		32 NAME	254 Pine St.
STREET ADDRESS	PO Box 13371		33 STREET ADDRESS	St Joe Beach 32456
CITY-ST-ZIP	Mexico Beach Fl		34 CITY-ST-ZIP	
TITLE	V.Pres.	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Stomp Tracie		42 NAME	254 Pine St
STREET ADDRESS	PO Box 13371		43 STREET ADDRESS	St Joe Bch 32456
CITY-ST-ZIP	Mexico Bch Fl 32410		44 CITY-ST-ZIP	
TITLE	Sec.	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Hosty Emmett		52 NAME	NA
STREET ADDRESS	PO Box 12089		53 STREET ADDRESS	
CITY-ST-ZIP	Mexico Beach Fla 32410		54 CITY-ST-ZIP	
TITLE	Asst. Sec.	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	Madrid Yini		62 NAME	NA
STREET ADDRESS	1619 monument ave Apt 1A		63 STREET ADDRESS	
CITY-ST-ZIP	Port St Joe Fla 32456		64 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: Patricia Stomp 1-14-96 904-647-8947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #