

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S66686** (4)
1. Corporation Name
JIM CROSBY PLUMBING, INC.



Principal Place of Business: **RT. 1 BOX 634 IAMONIA LANDING RD TALLAHASSEE FL 32312 US**
Mailing Address: **P O BOX 2374 TALLAHASSEE FL 32316**

3. Date Incorporated or Qualified: **07/17/1991**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-3082011**
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

21. Principal Place of Business: State, Apt. #, etc.
22. City & State
23. Zip, Country
24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

**CROSBY, NANCY
RT. 1, BOX 634
IAMONIA LANDING ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name: **NANCY R CROSBY**
82 Street Address (P.O. Box Number is Not Acceptable): **RT 1 Box 634**
83
84 City: **TALL., FL** 32312 FL 85 Zip Code: **32312**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent Submitting Statement

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D CROSBY, JIM	<input type="checkbox"/>
NAME	RT. 1, BOX 634	
STREET ADDRESS	TALLAHASSEE FL	
CITY-STATE		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE			
2. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2. NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE			
3. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE			
4. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE			
5. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE			
6. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE			

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 Book 12 or Book 15 if changed, or on an attachment with an address.

SIGNATURE: *Jim Crosby* **Jim Crosby** 1/22/96 904 893 3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)