

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

10/2

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 97 JUL 25 AM 7:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # V21628 (5)**  
 1. Corporation Name  
**READ PLUMBING, INC.**



Principal Place of Business <b>203 POST &amp; RAIL                  G-1                  LONGWOOD FL 32750                  US</b>	Mailing Address <b>203 POST &amp; RAIL                  G-1                  LONGWOOD FL 32750                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>03/16/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3110793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**g. Name and Address of Current Registered Agent**

**LEA A. READ  
 203 POST & RAIL  
 LONGWOOD FL 32750**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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**

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>READ, JOSEPH R., SR.</b>	
STREET ADDRESS <b>203 POST N RAIL</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>READ, LEA A.</b>	
STREET ADDRESS <b>203 POST N RAIL</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>READ, AIDA M.</b>	
STREET ADDRESS <b>2500 HOWELL BRANCH ROAD</b>	
CITY-ST-ZIP <b>WINTER PARK FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300002255363**  
 -08/01/97--01094--025  
 \*\*\*\*165.00 \*\*\*\*165.00

JB  
 7-2-97

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 \_\_\_\_\_ **Lea A. Read** \_\_\_\_\_ 407/831-  
 \_\_\_\_\_

CR2E034 (4/97)

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July 22, 1997

Read Plumbing, Inc.  
134 Terriwood Court  
Fern Park, FL 32750-2924

Attn: Annual Reports  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

Please kindly waive the penalty fee for this corporation. As you will note the corporation moved from 203 Post and Rail Road, Longwood, Florida to 134 Terriwood Court, Casselberry, Florida. The initial notice must have been sent to the old address and the 2nd notice to the current, correct address. Additionally, in the beginning of the year there were numerous family emergencies experienced by the shareholders.

Thank you in advance.

Sincerely,



Lea A. Read,  
Director