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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: **203 POST & RAIL, G-1, LONGWOOD FL 32750, US**

Mailing Address: **203 POST & RAIL, G-1, LONGWOOD FL 32750, US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 134 Fernwood CT, Suite, Apt. #, etc.**

2a. Mailing Address: **26 134 Fernwood CT, Suite, Apt. #, etc.**

23. City & State: **FERN PARK FL**

28. City & State: **FERN PARK FL**

24. Zip: **32730** 25. Country: **USA** 29. Zip: **32730** 30. Country: **USA**

3. Date Incorporated or Qualified: **03/16/1992**

4. FEI Number: **59-3110793**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
READ, LEA A
203 POST & RAIL
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81. Name: **READ, LEA A**

82. Street Address (P.O. Box Number is Not Acceptable): **134 FERWOOD CT**

84. City: **FERN PARK** FL 85. Zip Code: **32730**

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 obligation, of, Section 607.0505, Florida Statutes.

SIGNATURE: *Lea A. Read* DATE: **4/8/98**

12. OFFICERS AND DIRECTORS

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

14. I 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* DATE: **4/8/98** **405/831-7323**

CR2E034 (10/97)