FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **G89498** **(1)**

1. Corporation Name
THE ALERT PLUMBING SERVICE OF ARCADIA, INC.

Principal Place of Business	Mailing Address
6903 N.W. PINE LEVEL ST. ARCADIA FL 33821	6903 N.W. PINE LEVEL ST. ARCADIA FL 33821

3. Date Incorporated or Qualified: **03/12/1984**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 2587 NW Pine	26 2587 N W Pine
Suite, Apt. #, etc. 22 CREEK AV	Suite, Apt. #, etc. 27 CREEK AV
City & State 23 ARCadia FL	City & State 28 ARCADIA FL
Zip 24 33821 Country 25 D	Zip 29 33821 Country 30

4. FEI Number: **59-2428444** ☐ 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

MCANLY,JAMES H.
222 EAST OAK ST.
ARCADIA FL 33821

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, JERRY R.		1.2 NAME		
STREET ADDRESS	6903 N.W. PINE LEVEL ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ARCADIA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLUHARTY, JOHN		2.2 NAME		
STREET ADDRESS	1402 26TH STREET WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	LEWIS, SANDRA S.		3.2 NAME	LEWIS, PENNY	
STREET ADDRESS	6903 N.W. PINE LEVEL ST		3.3 STREET ADDRESS	2587 NW PINE CREEK AVE.	
CITY-ST-ZIP	ARCADIA FL		3.4 CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE		☐ DELETE	4.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME			4.2 NAME	KARL LEWIS	
STREET ADDRESS			4.3 STREET ADDRESS	2587 N W PINE CREEK AV	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ARCADIA FL 33821	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Penny M. Lewis - PENNY M. LEWIS 2-19-96 941-494-6794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #