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

DOCUMENT # P94000086399 (0)

1. Corporation Name

ALL AMERICAN PLUMBING OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
3305 BAY TO BAY BLVD. TAMPA FL 33629	3305 BAY TO BAY BLVD. TAMPA FL 33629

3. Date Incorporated or Qualified: 11/21/1994
3a. Date of Last Report: 06/02/1995

2. Principal Place of Business
21 4342 S. Manhattan Ave
22 Suite, Apt. #, etc.
23 City & State: Tampa FL
24 Zip: 33611
25 Country: USA

2a. Mailing Address
26 P.O. Box 320215
27 Suite, Apt. #, etc.
28 City & State: Tampa FL
29 Zip: 33679
30 Country: USA

4. FEI Number: 59-3274392 ☐ 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

10. Name and Address of New Registered Agent
81 Name: Paula M Cenkovich
82 Street Address (P.O. Box Number is Not Acceptable): 4342 S. Manhattan Ave
83
84 City: Tampa FL 85 Zip Code: 33679

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: Paula M Cenkovich 5/23/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	☒ DELETE
NAME	FISHER, ROSS E	
STREET ADDRESS	3305 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PDST	☐ DELETE
NAME	CENKOVICH, PAULA M	
STREET ADDRESS	3305 BAY TO BAY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PVSTD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4342 S. Manhattan Ave.	
2.4 CITY-ST-ZIP	Tampa FL 33671	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Paula M Cenkovich 5/23/96 813 805-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #