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Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000029171 (1)

1. Corporation Name:
L AND A PLUMBING, INC.

Principal Place of Business

5086 REHBERG LANE
MARIANNA FL 32446

Mailing Address

5086 REHBERG LANE
MARIANNA FL 32446-8002



2. Principal Place of Business

21 5087 Blue Springs Rd

Suite, Apt. #, etc.

22

City & State

23 Marianna, Fla.

24 32446

Country

25 Jackson

2a. Mailing Address

26 5087 Blue Springs Rd

Suite, Apt. #, etc.

27

City & State

28 Marianna, Fla.

29 32446

Country

30 Jackson

3. Date Incorporated or Qualified

04/03/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3366015

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

RILEY, EDNA E
5086 REHBERG LANE
MARIANNA FL 32446

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

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 PT ☐ DELETE

NAME RILEY, EDNA E
STREET ADDRESS 5086 REHBERG LANE
CITY-ST-ZIP MARIANNA FL 32446

TITLE VS ☐ DELETE

NAME RILEY, CHARLES R
STREET ADDRESS 5086 REHBERG LANE
CITY-ST-ZIP MARIANNA FL 32446

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 PT ☒ Change ☐ Addition

1.2 NAME Riley, Edna E.
1.3 STREET ADDRESS 5087 Blue Springs Rd
1.4 CITY-ST-ZIP Marianna, Fla. 32446

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME Riley, Charles R.
2.3 STREET ADDRESS 5087 Blue Springs Rd
2.4 CITY-ST-ZIP Marianna, Fla. 32446

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

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:

Edna E. Riley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97 (904) 482-2538

Date Daytime Phone #

CR2E034 (9/96)