

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 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 # P95000049891 (1)

1. Corporation Name
PLUMB-CO OF BREVARD, INC.

Principal Place of Business

80 SUNSET DRIVE UNIT A
WEST MELBOURNE FL 32904

Mailing Address

80 SUNSET DRIVE UNIT A
WEST MELBOURNE FL 32904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. PLUMB-CO OF BREVARD, INC. 700 S. JOHN PHIDES BLVD. UNIT D-4 WEST MELBOURNE, FL 32904 725-8010 22. City & State PAGER: 458-1230 23. Zip 24. Country	26. PLUMB-CO OF BREVARD, INC. 700 S. JOHN PHIDES BLVD. UNIT D-4 WEST MELBOURNE, FL 32904 725-8010 27. City & State PAGER: 458-1230 28. Zip 29. Country

3. Date Incorporated or Qualified 06/23/1995	4. FEI Number 59-3311819	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	5.00 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SCIAUDONE, MICHAEL P
2250 VERMONT STREET
W. MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81. Name Same	82. Street Address (P.O. Box Number is Not Acceptable) 1612 DALLAM AVE	83. City Palm Bay N.W.	84. State FL	85. Zip Code 32905
------------------	---	---------------------------	-----------------	-----------------------

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Same
NAME	SCIAUDONE, MICHAEL P.	1.2 NAME	Michael P. Sciaudone
STREET ADDRESS	2250 VERMONT STREET	1.3 STREET ADDRESS	1612 DALLAM AVE
CITY-ST-ZIP	WEST MELBOURNE FL 32904	1.4 CITY-ST-ZIP	Palm Bay N.W. FL 32905
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael P. Sciaudone

4/8/98

CR2E034 (10/97)