

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

FILED

Mar 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 148582 (0)**  
 1. Corporation Name  
**GENERAL PLUMBING, INC.**

Principal Place of Business <b>5518 GEORGIA AVE WEST PALM BEACH FL 33405-0594</b>	Mailing Address <b>5518 GEORGIA AVE WEST PALM BEACH FL 33405-3523</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/23/1946</b>		3a. Date of Last Report <b>01/24/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-0559179</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NEWHART, OTTO P. 5519 GEORGIA AVE. WEST PALM BEACH FL 33405</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Douglas W. Santoro</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>5519 Georgia Avenue</b>			
				83			
				84 City <b>West Palm Beach</b> FL 85 Zip Code <b>33405</b>			

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 *Douglas W. Santoro*, *Douglas W. Santoro, President* DATE *3/4/97*  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWHART, OTTO P			1.2 NAME			
STREET ADDRESS	5519 GEORGIA AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH, FL 00000			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUFF, KATHY J.			2.2 NAME			
STREET ADDRESS	2585 PALMARITA RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL00000			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWHART, OTTO P			3.2 NAME			
STREET ADDRESS	5519 GEORGIA AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH, FL 00000			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	<b>Douglas W. Santoro</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>5519 Georgia Avenue</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33405</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	<b>Secretary</b>		
STREET ADDRESS				5.3 STREET ADDRESS	<b>Douglas W. Santoro</b>		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	<b>5519 Georgia Avenue</b>		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Douglas W. Santoro* **Douglas W. Santoro** 2/18/97 561-585-2591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:me Phone #

CR2E034 (9/96)