


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

FILED
Mar 26 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 # **200743** (3)
1. Corporation Name
RAY'S PLUMBING, INC.

Principal Place of Business 23220 HARPER AVE. POST OFFICE BOX 3011 PORT CHARLOTTE FL 33949 US	Mailing Address 23220 HARPER AVE. POST OFFICE BOX 3011 PORT CHARLOTTE FL 33949 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 23220 Harper Avenue Suite, Apt. #, etc. 22 City & State 23 Port Charlotte, FL Zip Country 24 33980 25		2a. Mailing Address 26 P.O. Box 3011 Suite, Apt. #, etc. 27 City & State 28 Port Charlotte, FL Zip Country 29 33949 30		3. Date Incorporated or Qualified 03/14/1957	
		4. FEI Number 59-0805092		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		6. 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

**BURNETT, DAVID C.
4333 TROPICAIRE BOULEVARD
NORTHPORT FL 34287**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURNETT, SHARON W	
STREET ADDRESS	4333 TROPICAIRE BOULEVARD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURNETT, DAVID C	
STREET ADDRESS	4333 TROPICAIRE BOULEVARD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HEMOESBERG, JAMES L.	
STREET ADDRESS	461 E. CASHEW	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCCABE, ROBERT S.	
STREET ADDRESS	405 DE LEON DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:  Sharon W. Burnett, Secy/Treas. 3/19/98

CR2E034 (10/97)