

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 # 219017 (1)

1. Corporation Name

CARSON PLUMBING COMPANY, INC.



Principal Place of Business

5045 CYPRESS ST
TAMPA FL 33607

Mailing Address

5045 CYPRESS ST
TAMPA FL 33607

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/01/1959

3a. Date of Last Report

03/31/1995

4. FEI Number

59-0863758

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

CARSON, WILLIAM G
4407 BROOKWOOD AVENUE
TAMPA FL 33609

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
or registered agent, or both, in the State of Florida. Such change was authorized by
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William G Carson

President

4/29/96

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PD
CARSON, WILLIAM G
4407 BROOKWOOD DRIVE
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
CARSON, DAWN B
4407 BROOKWOOD DRIVE
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
CARSON, JR., WILLIAM G
5008 JUNO STREET
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
GILMER, LINDA C
2109 NORTH DUNDEE
TAMPA FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G Carson

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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