## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1, Corporation GATO	MENT # 3211 OR PLUMBING & IMPROVE	` '		: 1881/88 11118 (1881 1188/1188) (1881 1881/1188)	
Principal Place o	of Business	Mailing Address			
2604 N E 18TH TERRACE GAINESVILLE FL 32609		2604 N E 18TH TERRACE GAINESVILLE FL 32609			
				3. Date Incorporated or Qualified 3g 09/20/1967	a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	59-1201506	Not Applicable
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		<b>6.</b> Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for intan- Florida Statutes X Yes	
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regis	stered Agent
0000	ALL A DALLED		81 Name		
GORDON O. BAKER 110 N.E. 10TH STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	SVILLE FL 32601		83		
CANITE	SAILTE LE SEON!				
			84 City		FL 85 Zip Code
famil ar With	i, and accept the obligations of, Sec	tion 607.0505, Florida Statute	es.	ard of directors. I hereby accept the appointment	nent as registered agent. I am
SIGNATURE	Apratura, typical or printers numic of registered ages	otion 607,0505, Florida Statute	S. KOTE Registered Agent signature renum	ed when reinstatragi	DATE.
SIGNATURE S	Apratura, typical or printers numic of registered ages	tion 607.0505, Florida Statute	es.		DATE.
SIGNATURE s	il, notive, typed or printed numb of rugstured ager OFFICERS AN	nt and the it application.	S.  NITE Registered Agent signature require  13.	ed when reinstatragi	DATE RS AND DIRECTORS IN 12
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SIGNATURE  S  12.  10-16  NAME SIBLE ADDRESS  GITY ST ZIP  11-16  NAME SIBLE ADDRESS  CITY ST ZIP  1-11-16  NAME	OFFICERS AN PS GORDON O. BAKER, 110 NE 10TH STREET GAINESVILLE FL 32601 VPT PATRICIA ANN BAKER, 110 NE 10TH STREET	tion 607.0505, Florida Statute it and the it application  ND DIRECTORS  DELETE	S.  OTE Progression Agori signature require  13.  1 1 TITLE  12 NAME  13 STREET ADDRESS  14 City- ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 City- ST-ZIP  3 1 TITLE	ed when reinstatragi	DATE  RS AND DIRECTORS IN 12  Change Addition  Change Addition
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SIGNATURE  S  12.  TIPLE NAME STREET ACORESS OUTY ST ZIP TIPLE NAME STREET ACORESS CITY - ST ZIP TIPLE NAME STREET ADDRESS CITY - ST ZIP TIPLE NAME	OFFICERS AN PS GORDON O. BAKER, 110 NE 10TH STREET GAINESVILLE FL 32601 VPT PATRICIA ANN BAKER, 110 NE 10TH STREET	tion 607.0505, Florida Statute it and the it application  ID DIRECTORS  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4 1 TITLE 42 NAME	ed when reinstatragi	Change Addition  Change Addition  Change Addition
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SIGNATURE	OFFICERS AN PS GORDON O. BAKER, 110 NE 10TH STREET GAINESVILLE FL 32601 VPT PATRICIA ANN BAKER, 110 NE 10TH STREET	Total 607.0505, Florida Statute II and the it apptivition ID DIRECTORS DELETE  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CHY-ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CHY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CHY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 6 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 TITLE 6 1 TITLE	ed when reinstatragi	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

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 12 if changed, or on an attemptment with an address.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

2-20-96

352-372-4657

Daytinie Phone #