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PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

4-1696B 3647-c

DOCUMENT # 323165

(1)

1. Corporation Name

GUNN PLUMBING & HEATING, INC

Principal Place of Business

7370 NORTHWEST 12TH STREET
MIAMI FL 33126

Mailing Address

7370 NORTHWEST 12TH STREET
MIAMI FL 33126



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GUNN SR., W.W.
7370 NORTHWEST 12TH STREET
MIAMI FL 33126

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 607.0501, Florida Statutes.

SIGNATURE

W.W. Gunn, Sr.

W.W. Gunn, Sr. Pres.

Jan 20 '1996

(NOTE: Registered Agent signature required when filing.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GUNN, W W SR
STREET ADDRESS 7370 N.W. 12TH ST.
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME GUNN, LUCILLE
STREET ADDRESS 7370 N.W. 12TH ST.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME GUNN, EVELYN
STREET ADDRESS 7370 N.W. 12TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.W. Gunn, Sr.
Pres.

Jan 20 '96 - 592-69130 (305)

CR2E034 (12/95)