


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15 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 # 324086 (8) 1. Corporation Name TRI-CITY PLUMBING, INC.					
Principal Place of Business 2900 FRONTIER DR KISSIMMEE FL 34744 US			Mailing Address 2900 FRONTIER DR KISSIMMEE FL 34744 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1967	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1408784	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. 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 CUTHBERTSON, HAROLD L. 2900 FRONTIER DR KISSIMMEE FL 34744				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	1.1 TITLE				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY-ST-ZIP	1.4 CITY-ST-ZIP				
TITLE	2.1 TITLE				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY-ST-ZIP	2.4 CITY-ST-ZIP				
TITLE	3.1 TITLE				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY-ST-ZIP	3.4 CITY-ST-ZIP				
TITLE	4.1 TITLE				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4 CITY-ST-ZIP				
TITLE	5.1 TITLE				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY-ST-ZIP	5.4 CITY-ST-ZIP				
TITLE	6.1 TITLE				
NAME	6.2 NAME				
STREET ADDRESS	6.3 STREET ADDRESS				
CITY-ST-ZIP	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)(l), 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: *Darrelene A. Cuthbertson*

7-6-98 (407) 348-0404

CR2E034 (5/98)