

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 370062

(2)

1. Corporation Name

LAGASSE PLUMBING, INC.



Principal Place of Business

% DONALD G. LAGASSE
4240 DEREK WAY
SARASOTA FL 34233

Mailing Address

% DONALD G. LAGASSE
4240 DEREK WAY
SARASOTA FL 34233

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAGASSE, DONALD G
4240 DEREK WAY
SARASOTA FL 34233

3. Date Incorporated or Qualified

09/21/1970

3a. Date of Last Report

04/20/1995

4. FEI Number

59-1316357

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

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 607.0912 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of registered agent or registered agent for service of process

Signature of registered agent or registered agent for service of process

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	PD LAGASSE, DONALD G	☐ DELETE
12.2 STREET ADDRESS	4240 DEREK WAY	
12.3 CITY-STATE-ZIP	SARASOTA, FL 0	
12.4 TITLE	VP	☐ DELETE
12.5 NAME	MILLIGAN, WILLIAM L.	
12.6 STREET ADDRESS	4240 DEREK WAY	
12.7 CITY-STATE-ZIP	SARASOTA FL	
12.8 TITLE	VP	☐ DELETE
12.9 NAME	CROCKER, RICHARD D.	
12.10 STREET ADDRESS	4240 DEREK WAY	
12.11 CITY-STATE-ZIP	SARASOTA FL	
12.12 TITLE	ST	☐ DELETE
12.13 NAME	MALLEY, DOUGLAS R.	
12.14 STREET ADDRESS	4240 DEREK WAY	
12.15 CITY-STATE-ZIP	SARASOTA FL	
12.16 TITLE		☐ DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY-STATE-ZIP		
12.20 TITLE		☐ DELETE
12.21 NAME		
12.22 STREET ADDRESS		
12.23 CITY-STATE-ZIP		
12.24 TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY-STATE-ZIP	
13.21 TITLE	☐ Change ☐ Addition

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)(k), 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. I will, if at all, be met with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

924-8428

CR2E034 (12/95)