

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 # 381891 (1)

1. Corporation Name

CERTIFIED LOWER KEYS PLUMBING, INC.



Principal Place of Business

1014 WHITE STREET  
KEY WEST FL 33040

Mailing Address

1014 WHITE STREET  
KEY WEST FL 33040

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1971		3a. Date of Last Report 03/16/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1351780		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BALBONTIN, JOSEPH R 909 16TH TERR KEY WEST FL				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

Signature of officer or director of the corporation (print name and title)

Signature of Registered Agent (print name and title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1	DP BALBONTIN, JOSEPH R 909 16TH TERR. KEY WEST FL	1.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2	NAME
STREET ADDRESS		1.3	STREET ADDRESS
CITY-STATE-ZIP		1.4	CITY-STATE-ZIP
11.2	SD BALBONTIN, GLORIA P 909 16TH TERR. KEY WEST FL	2.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2	NAME
STREET ADDRESS		2.3	STREET ADDRESS
CITY-STATE-ZIP		2.4	CITY-STATE-ZIP
11.3	<input type="checkbox"/> DELETE	3.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2	NAME
STREET ADDRESS		3.3	STREET ADDRESS
CITY-STATE-ZIP		3.4	CITY-STATE-ZIP
11.4	<input type="checkbox"/> DELETE	4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-STATE-ZIP		4.4	CITY-STATE-ZIP
11.5	<input type="checkbox"/> DELETE	5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-STATE-ZIP		5.4	CITY-STATE-ZIP
11.6	<input type="checkbox"/> DELETE	6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-STATE-ZIP		6.4	CITY-STATE-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)(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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria P. Balbontin

Date

7/12/96

Daytime Phone #

305-296-2744

CR2E034 (12/95)