

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 392548 (4)

1. Corporation Name  
TAMSETT PLUMBING AND ELECTRIC, INC.

Principal Place of Business

Mailing Address

OLD HIGHWAY 441 SOUTH  
P.O. BOX 494  
TAVARES FL 32778

OLD HIGHWAY 441 SOUTH  
P.O. BOX 494  
TAVARES FL 32778-0494



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 15311 Old Hwy 411 E.		26 P.O. Box 494		12/08/1971	04/26/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 Unit #G		27		59-1371795	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Tavares, FL		28 Tavares, FL		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 32778	25	29 32778	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

TAMSETT, JOHN B.  
200 RAIN TREE LANE  
MT DORA FL 32757

81 Name John B. Tamsett  
82 Street Address (P.O. Box Number is Not Acceptable)  
109 Shorewood Court  
83  
84 City Tavares FL 85 Zip Code 32778

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: *John B. Tamsett* 1-29-97  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DE	1.1 TITLE	President
NAME	TAMSETT, JOHN	1.2 NAME	Tamsett, John
STREET ADDRESS	OLD HWY 41 SOUTH	1.3 STREET ADDRESS	same
CITY-ST-ZIP	TAVARES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	TAMSETT, TOM	2.2 NAME	
STREET ADDRESS	OLD HWY 41 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	Director
NAME	TAMSETT, HARRY A	3.2 NAME	Tamsett, Harry A.
STREET ADDRESS	OLD HWY 41 SOUTH	3.3 STREET ADDRESS	same
CITY-ST-ZIP	TAVARES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	Director
NAME	TAMSETT, MARION L	4.2 NAME	Tamsett, Marion L.
STREET ADDRESS	OLD HWY 41 SOUTH	4.3 STREET ADDRESS	same
CITY-ST-ZIP	TAVARES, FL 00000	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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 both an attachment with an address.

SIGNATURE: *John B. Tamsett* 1-29-97 352-343-3301  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)