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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 413406

(0)

GENE'S PLUMBING, INC

119 DOODLE AVE P O BOX 3176 FT WALTON BOH FL 32547  2. Principal Pase of Eusiness 2. Principal P		AND			······		
P O BOX 3176 IT WALTON 6CH RL 32547  P I WALTON 6CH RL 32547  2. Principal Figure of Business  3. Date of Last Report  4. FEI Number  5. Certificate of Status Dosined  5. Postilicate of Status Dosined  5. Certificate of Status Dosined  6. Certificate of Status Dosined  6. Election Campaign Financing  7. Trust Fund Contribution  7. Principal Figure of Status  8. Date of Last Report  8. Principal Figure  8. Principal Figure  8. Date of Last Report  8. Principal Figure  8. Principal Figure  8. Principal Figure  8. Date of Last Report  9. Name and Address of Status Dosined  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursues tas the preparation of Status Dosined 607 1508. Foreian Statutes is the preparation of Status Registered Agent  12. CRESTMEW FL 32538  13. Date incorporation of Status Dosined  14. Trust Time tasks with and noccept the deligned on Leich in the Status and Figure Agent Status Agent Agent Status Agen	Principal Plac	Mailing Address	Address			'AT MENT NEWS BIRST BERN WINDS SENSON	
2. Principal Paule of Business   28. Mailing Address   4. FEI Number   Applied For   Not Applied For	P O BOX 3176		P O BOX 3176	P O BOX 3176			
2. Moving Address   2. Moving Address   3. Moving Address   4. FEI Number   5.9-1428577   Not Applicable   5.9-1428577   Not Applicable   5.9-1428577   Not Applicable   5.9-1428577   Not Applicable   5.00 May Be   5.00 May B						· '	, i
Suite, Apr. #, etc.  City & State  Country  Approximate a state provised in a state provised i						11/22/1972	04/03/1996
Sufe. Apt. #, etc.   Sufe. Apt. #, etc.   Sufe. Apt. #, etc.   Status Desired   \$8.75 Additional Fee Required   City & State   City & City & State   City &	2. Principal Piace of Business 2a. Mailing Address					4. FEI Number	Applied For
27   28   55.00 May Be Addition   Status Desired   Fee Required   Status Desired   Fee Required   Status Desired   Status D	21 26					59-1428577	Not Applicable
City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired	\$8.75 Additional
23	27					5. Certificate of Status Desired	Fee Required
Z/D Country Z/D Country Z/D Country B. This corporation has liability for in/Angible tax under s. 199.032. 28	City & Sta	te	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
28	23		28		Trust Fund Contribution		
S. Name and Address of Current Registered Agent  ALFORD, EDWARD E. RT. 6, BOX 212 CRESTVIEW FL 32536  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 B4 City FL B5 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 Leth, in the Statu of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office on registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signation is with predict of specific agent agent at a flagmanate (NOTE Registered Agent signance required when relimiting)  DATE  Signation is with predict of specific agent agent agent signance required when relimiting)  DATE  12. OF FICE BAND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST 2P  ALFORD, EDWARD E.  12. NAME  ALFORD, EDWARD E.  12. NAME  ALFORD, EDWARD E.  13. STREET ADDRESS  RT. 6, BOX 212  CRESTVIEW FL  14. CITY ST 2P  CRESTVIEW FL  14. CITY ST 2P  CRESTVIEW FL  14. CITY ST 2P  CRESTVIEW FL  15. TITLE  Change Addition  AMMI  ALFORD, BETTY JO  RT. 6, BOX 212  CRESTVIEW FL  10. Change Addition  AMMI  SIRRET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  3. STREET ADDRESS  3. STREET ADDRESS  3. STREET ADDRESS  STREET ADDRESS  3. STREET ADDRESS  3. STREET ADDRESS	Zφ	Country	Zip	Cour	try		
ALFORD, EDWARD E. RT. 6, BOX 212 CRESTVIEW FL 32538  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. Thereby accept the appointment as registered agent, and the foliation of Statutes.  SIGNATURE  Direction is active praided name of registered agent ag	24	25	29	30		Florida Statutes	res No
RT. 6, BOX 212 CRESTVIEW FL 32538  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code	9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	itered Agent
RT. 6, BOX 212 CRESTVIEW FL 32538  83  84 City FL 65 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature to the predict name of registered agent agent and the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE 12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE 1.	ALFORD, FOWARD F.				81 Name		
CRESTMEW FL 32536  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, are familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  Signature:    Signature:   Signature:   Signature transfer peaker layer and tall if appearance   INDIE   Registered agent lagrance required when rehelating)   DATE					P2 Street A	ddroes (P.O. Roy Number in Not Acceptable)	
83   84   City   FL   85   Zip Code					OE SHEELY	duress (F.O. box Number is Not Acceptable)	'
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Signet no is used to postered agreed and used diagnocated agreed agent signed are equired when reinstating)   DATE	office or	registered agent or both in the Sta	ite of Florida. Such change was a	uthorized	by the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	pose of changing its registered he appointment as registered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  ALFORD, EDWARD E.  STREET ADDRESS  CITY ST-ZP  THE  ST  ALFORD, BETTY JO  CRESTVIEW FL  14 CITY-ST-ZIP  21 TITLE  1.1 TITLE  ALFORD, BETTY JO  CRESTVIEW FL  14 CITY-ST-ZIP  21 TITLE  ALFORD, BETTY JO  22 NAME  23 STREET ADDRESS  CHY-ST-ZP  THE  THE  DELETE  3.1 TITLE  3.3 STREET ADDRESS  CHY-ST-ZIP  CHANGE  Addition  AMÉ  STREET ADDRESS  CHY-ST-ZIP  Change  Addition  Addition  Change  Addition	SIGNATURE						
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NAME STREET ADDRESS CITY ST-ZP THE ST ALFORD, EDWARD E. RT. 6, BOX 212 CRESTVIEW FL 13 STREET ADDRESS 14 CITY-ST-ZIP THE ST ALFORD, BETTY JO 22 NAME SHREET ADDRESS CHY-ST-ZP THE CRESTVIEW FL 24 CITY-ST-ZIP THE ST ALFORD, BETTY JO 22 NAME 23 STREET ADDRESS CHY-ST-ZP THE ST ALFORD, BETTY JO 22 NAME 23 STREET ADDRESS CHY-ST-ZIP THE ST ALFORD, BETTY JO 22 NAME 33 STREET ADDRESS CHY-ST-ZIP THE ST ADDRESS CHY-ST-ZIP THE ST ADDRESS ST ADDRESS ST ADDRESS ST ADDRESS ST ADDRESS							
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CRESTVIEW FL	NAME			1.2 NAM	AE .		
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NAME	CITY ST-Zer			1.4 CIT	Y-ST-ZIP		
RT. 6, BOX 212 CRESTMEW FL  23 STREET ADDRESS 2 4 CITY-ST-2IP  TITLE  NAME SIREET ADDRESS 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	TITLE	ST	DELETE	21 TIT	.E		Change Addition
CRESTMEW FL   2 4 CITY-ST-ZIP	NAME	ALFORD, BETTY JO		2 2 NAI	ME		
CRESTMEW FL   2 4 CITY-ST-ZIP	STREET ADDRESS	RT. 6, BOX 212		23 STR	EET ADDRESS		ĺ
Title         DELETE         3.1 Title         Change         Addition           NAME         3.2 NAME           STREET ADDRESS         3.3 STREET ADDRESS	CHY-ST-ZP			2 4 GIT	Y-ST-ZIP		
STREET ADDRESS 3.3 STREET ADDRESS			☐ DELETE				Change Addition
STREET ADDRESS 3.3 STREET ADDRESS	NAM6			3.2 NAI	ME		·
	City - St - ZiP	1			1		

6.4 CITY-ST-ZIP 14. I do hereby cort.ly that the information supplied with this foing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclicated 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

4.1 1ITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

4.4 CITY - ST- ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

TIME

NAME

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NAME STREET ADDRESS

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DELETE

DELETE

■ DELETE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition