

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 # 417268 (0)

1. Corporation Name

WALTER SCALABRIN PLUMBING INC



Principal Place of Business: 4509 NORTH LAKE DRIVE, P.O. BOX 5486, SARASOTA FL 34232, US

Mailing Address: 4509 NORTH LAKE DRIVE, P.O. BOX 5486, SARASOTA FL 34277, US

3. Date Incorporated or Qualified: 01/22/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1438929
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

2. Principal Place of Business: 21
2a. Mailing Address: 26 OMIT - P.O. Box 5486
22. Suite, Apt. #, etc.: 27 OMIT - P.O. Box 5486
23. City & State: 28
24. Zip: 25 34232 Country: 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCALABRIN, WALTER
7288 W. COUNTRY CLUB DRIVE
SARASOTA FL 34243

B1 Name
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 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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE: P DELETE
NAME: KIRKPATRICK, KATHY S.
STREET ADDRESS: 4509 N. LAKE DRIVE
CITY - ST - ZIP: SARASOTA FL

TITLE: S DELETE
NAME: SCALABRIN, SUZANNE S.
STREET ADDRESS: 7288 W CNTRY CLUB DR.
CITY - ST - ZIP: SARASOTA FL

TITLE: V DELETE
NAME: KIRKPATRICK, MARK A.
STREET ADDRESS: 4509 N. LAKE DRIVE
CITY - ST - ZIP: SARASOTA FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - 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 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: Kathy S. Kirkpatrick Kathy S. Kirkpatrick 2-22-96 941-924-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)