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**Jan 14 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 # 444076 (4)
1. Corporation Name
R.C. LINDSEY PLUMBING, INC.



Principal Place of Business: **SOUTH US 16368 SE HELD CT STUART FL 34997**
Mailing Address: **SOUTH US 16368 SE HELD CT STUART FL 34997**

3. Date Incorporated or Qualified: **01/14/1974**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: **59-1507355**
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

9. Name and Address of Current Registered Agent
**LITTMAN, JAMES F
1851 S. KANNER HWY.
STUART FL 33494**

10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____
Signature: Typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	P
NAME	LINSEY, R C	1.2 NAME	Lindsey, R. C.
STREET ADDRESS	S FEDERAL HIGHWAY	1.3 STREET ADDRESS	South Fed. Hwy.
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	Stuart, Fl.
TITLE	SV	2.1 TITLE	V
NAME	LINDSEY, RUTH M	2.2 NAME	Whiting, Eugene
STREET ADDRESS	S FEDERAL HIGHWAY	2.3 STREET ADDRESS	c/o South Fed. Hwy.
CITY - ST - ZIP	STUART FL	2.4 CITY - ST - ZIP	Stuart, Fl.
TITLE	S	3.1 TITLE	S
NAME	Lindsey, R. M.	3.2 NAME	Lindsey, R. M.
STREET ADDRESS	South Fed. Hwy.	3.3 STREET ADDRESS	South Fed. Hwy.
CITY - ST - ZIP	Stuart, Fl.	3.4 CITY - ST - ZIP	Stuart, Fl.
TITLE	T	4.1 TITLE	T
NAME	Lindsey, Mona Hidi	4.2 NAME	Lindsey, Mona Hidi
STREET ADDRESS	c/o South Fed. Hwy.	4.3 STREET ADDRESS	c/o South Fed. Hwy.
CITY - ST - ZIP	Stuart, Fl.	4.4 CITY - ST - ZIP	Stuart, Fl.
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 on an attachment with an address.

SIGNATURE: _____ **1-6-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)