FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

1996

DOCUMENT # 475451 (1)					
DALES	S PLUMBING COMPANY			A IDAIN BIBN AND BUILD BOOK BOOK	
Principal Place of	f Business	Mailing Address			ISBJ 1481 DJB14 BIBIF BIBIF BJBII BJBIG BIBII 1881
688-C KINGSLEY AVE. ORANGE PARK FL 32073		688-C KINGSLEY AV ORANGE PARK FL	· -		
				3. Date Incorporated or Qualified 05/09/1975	3a. Date of Last Report 01/20/1995
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		59-1597045	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 Cit / 8 Cit / 8		6 Francis Commission Signature	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	·····
24	25	29	30	Florida Statutes	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
DYAL,E	MORY D.		82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)
% DALE	E'S PLUMBING CO., INC.				
688-C KINGSLEY AVE.			83		
ORANG	E PARK FL 32073		84 City		85 Zip Code
					FL S E S S S
44 Diversions to	the provisions of Continue CO7 0500	and COZ 1500 Floride Statut	on the choup parced core	aration a homita this statement for the pur	roose of obeneine ite registered office
11. Pursuant to or registered	the provisions of Sections 607.0502 agent, or both, in the State of Flori	2 and 607.1508, Florida Statut da. Such change was authoriz	es, the above-named corpored by the corporation's bo	oration submits this statement for the pur ard of directors. I hereby accept the appo	rpose of changing its registered office ointment as registered agent. I am
	the provisions of Sections 607.0502 d agent, or both, in the State of Flori and accept the obligations of, Sect	2 and 607.1508, Florida Statut da. Such change was authoriz tion 607.0505, Florida Statutes	es, the above-named corpored by the corporation's bo s.	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office ointment as registered agent. I am
SIGNATURE	the provisions of Sections 607.0502 is agent, or both, in the State of Flori and accept the obligations of, Sect gnature, typed or printed name of registered agent		es, the above-named corpored by the corporation's bos.		rpose of changing its registered office ointment as registered agent. I am
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SIGNATURE	gnature, typed or printed name of registered agent	t and title if applicable (NC	DTE: Rugisturud Agent signature requi	ireo when reinstating)	DATE
SIGNATURE	gnature, typed or printed name of registered agent OFFICERS AN	t and title if applicable (NCID DIRECTORS	DTE: Rugi sturud Agent signature requi	ireo when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE SIGNATURE 12.	anature, typed or printed name of registered agent OFFICERS AN	t and title if applicable (NCID DIRECTORS	DTE: Rugistered Agent signature requi	ireo when reinstating)	DATE ICERS AND DIRECTORS IN 12
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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 or larged, prior an attachment with an address.

SIGNATURE:

Trune And Type of Printed Name of Story of Orice on Director of Director

nes 2-16-96 2695430

CR2E034 (12/95)