## 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 # 512061** 

(3)

| A.D. BA  | YNARD PLUMBING, INC.  |   |   |  |                                       |   |                                |                             |                 |
|--|---|---|---|--|---------------------------------------|---|--------------------------------|-----------------------------|-----------------|
| Principal Place of Business<br>1696 OLD BARTOW ROAD<br>LAKE WALES FL 33853 |   | Mailing Address<br>1696 OLD BARTOW ROAD<br>LAKE WALES FL 33853-8106 |   |  | L NOORD BINDL HOLD MAN BARD AILDE HOL | 41916 01916 9                                       | 19(( B)B(( B)B() 1             | )1 <b>0</b> )1 <b>10</b> 01 |                 |
|  |   |   |   |  | 3                                     | Date Incorporated or Qualified 09/09/1976           |                                | ate of Last R<br>17/1996    | eport           |
| 2. Principal F   | Place of Business   | 2a. Mailing Address   |   |  | 4                                     | FEI Number  | 1 - 4                          |                             | plied For       |
| 21   |   | 26  |   |  |                                       | 59-1807473  |                                |                             | ot Applicable   |
| Suite, Apt. #. etc.  |   | Suite, Apt. #, etc.   |   |  | 5                                     | . Certificate of Status Desired                     | \$8.75 Additional Fee Required |                             |                 |
| City & State   |   | City & State  |   |  | 6                                     | 6. Election Campaign Financing \$5.00 May Be        |                                |                             |                 |
| <b>23</b> Z <sub>ID</sub>  | Country   | <b>28</b>   | Country   | ······································ |                                       | Trust Fund Contribution                             | <u>. U · </u>                  | Added t                     |                 |
| 24   | 25)   | 29  | 30  |  | 8                                     | This corporation has liability for Florida Statutes | intangible<br>] Yes [          |                             | . 199,032,      |
|  | 9. Name and Address of Current  |   | 81  |  | 10                                    | ), Name and Address of New Re                       | gistered                       | Agent                       |                 |
| fulmer, dianna B.  |   |   |   | Name                                   |                                       |   |                                |                             |                 |
|  | CANAL DRIVE   |   | 82  | Street A                               | Address (                             | P.O. Box Number is Not Acceptal                     | ole)                           |                             |                 |
| Lak<br>I   | E WALES FL 33853  |   | 83  |  |                                       |   |                                |                             |                 |
|  |   |   |   |  |                                       |   |                                |                             |                 |
|  |   |   | 84  | City                                   |                                       |   | FL                             | 85 Zip (                    | Code            |
| office or agent. I a SIGNATURE   | to the provisions of Sections 607,0502 registered agont, or both, in the State can farmer with, and accept the obligation for registred sections. | ions of, Section 607,0505, F  | authorized by<br>lorida Statute<br>TE Registered Ap | S.                                     |                                       | en reinstating)                                     | DATE                           |                             |                 |
| 12.  | OFFICERS AND  |   | 13  | <u></u>                                |                                       | ADDITIONS/CHANGES TO OFFIC                          | CERS AND                       |                             |                 |
| name   | WHITE O   |   | 1.1 TITLE   | ر                                      | 11                                    | - DIRECTOR  |                                | Change                      | L] Addition     |
| STREET ADDRESS   | 219 MARTN ROAD NO   |   | 1.3 STREET  | LADORESS                               | •                                     |   |                                |                             |                 |
| City+SI-ZIP  | LAKE WALES FL   |   | 1.4 CH Y - 5  | - 1                                    |                                       |   |                                |                             |                 |
| TITLE  | P   | DELETE  | 2.1 Trī LE  |  |                                       |   |                                | Change                      | Addition        |
| NAV:   | FULMER, DONALD M.   |   | 2.2 NAME  |  | i                                     |   |                                |                             |                 |
| \$TREEL ADDRESS  | 422 CANAL DRIVE<br>LAKE WALES FL  | •   |   | I ADDRESS                              |                                       |   |                                |                             |                 |
| CHY-S1-ZIP<br>TOLE   | ST  | DELETE  | 2.4 CITY-<br>31 TITLE                               |  |                                       |   |                                | Change                      | Addition        |
| NAME   | FULMER, DIANNA B.   | FT occur.   | 3.2 NAME  |  |                                       | - V. PResid   | 6 <b>%</b> 1                   | <b>क्र⊐</b> ≖स्ताक्षिक      | Land Figure 211 |
| STREET ADDRESS   | 422 CANAL DRIVE   |   |   | 3 3 STREET ADORESS                     |                                       |   |                                |                             |                 |
| CHTY- ST- ZIF  | LAKE WALES FL   |   | 34 CITY-  | 34 CITY-ST-ZIP                         |                                       |   |                                |                             |                 |
| Till, E  | VP  | DELETE  | 4 1 TITLE   |  |                                       |   |                                | Change                      | Addition        |
| NAME   | BAYNARD, ASHLEY DANIEL  |   | 4 2 NAME  |  |                                       |   |                                |                             |                 |
| \$18EELADDRESS   | 123 FIRST AVE. SOUTH  |   | 1   | ADDRESS                                |                                       |   |                                |                             |                 |
| CHY-ST-ZiP<br>TiTLE  | LAKE WALES FL   | DELFIE  | 4.4 City - 1<br>5.1 Title                           | ST-ZIP                                 | ļ                                     | · · · · · · · · · · · · · · · · · · ·               |                                | Charige                     | Addition        |
| NAME   | GRESKOWITZ, CHRISTIE B.   | En pour   |   | 5 1 HFLE.<br>5 2 NAME                  |                                       |   |                                | Lad Vitalige                | La resourch     |
| STREET ADDRESS   | 433 CANAL DRIVE   |   |   | I ADDRESS                              |                                       |   |                                |                             |                 |
| CITY-S1-ZIP  | LAKE WALES FL   |   | 5 4 CiTY-1  |  |                                       |   |                                |                             |                 |
| Tally  |   | DELFTE  | 6 1 TITLE   |  |                                       |   |                                | Change                      | Addition        |
| NAME   |   |   | 6.2 NAME  |  |                                       |   |                                |                             |                 |
| STREET AUDRESS   |   |   | 6.3 STREE   | 1 ADDRESS                              |                                       |   |                                |                             |                 |
| 1  | 1   |   | ■ C4 PITV   | מול דיי                                | I                                     |   |                                |                             |                 |

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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-97

941-676-2116

**FILED** 

Jan 31 1997 8:00am

Secretary of State

aytimo Phone #

R2E034 (9/96)