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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 524047

(8)

LEON C. ALLEN PLUMBING, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

Principal Place of Business 1553 WOODVILLE HIGHWAY P.O. BOX 6135 TALLAHASSEE FL 32314-3135	Mailing Address 4553 WOODYILLE HIGHWA P.O. BOX 6135 TALLAHASSEE FL 32314-61	•		
			3. Date Incorporated or Qualifie 01/19/1977	d 3n. Date of Last Report 04/19/1996
2. Principal Prace of Business	2a. Mailing Address		4. FEI Number	Applied For
722 5HANNONST.	26 722 SHANA	JOD 57.	59-1808650	Not Applicat
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
P.O. BOX 6135	27 P.O. BOX 6135			Fee Required
City & State TANANASSEE FL	City & State 28 TAIIA II ASS & E	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Gountry	Zip Zip	Country		or intangible tax under s. 199.032,
32314-3135 25 LEON		30 LEON	Florida Statutes	Yes No
g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New	
ALLEN, LEON C.		81 Name		
4553-WOODVILLE HIGHWAY-		82 Street Add	dress (P.O. Box Number is Not Accep	table)
TALLAHASSEE FL	·	63 722	SHANNON ST.	
		63		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stategert. I am familiar with, and accept the oblining SIGNATURE Superior, based or protect name of registered as		Registered Agent signature requ		DATE
IGNATURE Supported by product name of regelered a 2. OFFICERS A	agent and tills if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
IGNATURE So, par in typed or protect name of registered at the Conference of the Co	agent and title if applicable. (NOTE	Registered Agent signature required 13.	uired when reinstating)	DATE
IGNATURE Signal on typed of protect name of registered a C. OFFICERS A TH SD ALLEN, ALENE C	agent and tills if applicable. (NOTE	Registered Agent signature requests. 13. 1.1 TITLE 1.2 NAME	uired when reinstating)	DATE FICERS AND DIRECTORS IN 12
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The tracking certify that the information supplies with this mining does not qualify the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information 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.

DEDNIC ALLEN (PRESIDENT) 4/23/97