

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 # **532885** (1)

1. Corporation Name
SUN PLUMBING, INC.



Principal Place of Business: **6935 VICKIE CIRCLE PO BOX 549 WEST MELBOURNE FL 32904**
Mailing Address: **6935 VICKIE CIRCLE PO BOX 549 WEST MELBOURNE FL 32904**

3. Date Incorporated or Qualified: **05/03/1977**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-1744887**
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 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**RUTHERFORD, STEVEN WADE
555 ORANGE GROVE AVE.
W.MELBOURNE FL 32904**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.032 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 607.032, Florida Statutes.

SIGNATURE: *[Signature]*
Date: **2-19-96**

Signature of Registered Agent: *[Signature]*
Date: **2-19-96**

12. OFFICERS AND DIRECTORS

1. NAME	ST RUTHERFORD, LISA	<input type="checkbox"/> DELETE
2. STREET ADDRESS	555 ORANGE GROVE AVE.	
3. CITY, ST, ZIP	W.MELBOURNE FL	
4. TITLE	PD	<input type="checkbox"/> DELETE
5. NAME	RUTHERFORD, STEVEN	
6. STREET ADDRESS	555 ORANGE GROVE AVE.	
7. CITY, ST, ZIP	W.MELBOURNE FL	
8. TITLE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY, ST, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY, ST, ZIP		
16. TITLE		<input type="checkbox"/> DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 included 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 officer 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 or attached, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96 **407-725-2400**

CR2E034 (12/95)