

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 536438 (5)

95 FEB 14 AM 11:48

1. Corporation Name  
**JERRY STEINPORT PLUMBING, INC.**

Principal Place of Business: 6612 DAVID DRIVE TAMPA FL 33635  
Mailing Address: 8612 DAVID DRIVE TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/06/1977	02/15/1994
22. State, Apt. #, etc.		27. State, Apt. #, etc.		4. FET Number	Applied For
23. City & State		28. City & State		59-1760297	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status, Designated	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under 3199.032, Florida Statutes.				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEINPORT, GERALD E. 8612 DAVID DR. TAMPA FL 33635				01. Name			
				02. Street Address (P.O. Box Number is Not Acceptable)			
				03.			
				04. City	FL	05. Zip Code	

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
01. NAME	PD STEINPORT, GERALD E	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02. STREET ADDRESS	8612 DAVID DRIVE	12. NAME	
03. CITY, ST, ZIP	TAMPA FL	13. STREET ADDRESS	
04. NAME	VD STEINPORT, DORIS L	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05. STREET ADDRESS	8612 DAVID DRIVE	15. NAME	
06. CITY, ST, ZIP	TAMPA FL	16. STREET ADDRESS	
07. NAME	ST MOERDYK, LINDA S	17. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08. STREET ADDRESS	8612 DAVID DRIVE	18. NAME	
09. CITY, ST, ZIP	TAMPA FL	19. STREET ADDRESS	
10. NAME		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		21. NAME	
12. CITY, ST, ZIP		22. STREET ADDRESS	
13. NAME		23. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		24. NAME	
15. CITY, ST, ZIP		25. STREET ADDRESS	
16. NAME		26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. STREET ADDRESS		27. NAME	
18. CITY, ST, ZIP		28. STREET ADDRESS	
19. NAME		29. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS		30. NAME	
21. CITY, ST, ZIP		31. STREET ADDRESS	
22. NAME		32. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS		33. NAME	
24. CITY, ST, ZIP		34. STREET ADDRESS	
25. NAME		35. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. STREET ADDRESS		36. NAME	
27. CITY, ST, ZIP		37. STREET ADDRESS	
28. NAME		38. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. STREET ADDRESS		39. NAME	
30. CITY, ST, ZIP		40. STREET ADDRESS	
31. NAME		41. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. STREET ADDRESS		42. NAME	
33. CITY, ST, ZIP		43. STREET ADDRESS	
34. NAME		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. STREET ADDRESS		45. NAME	
36. CITY, ST, ZIP		46. STREET ADDRESS	
37. NAME		47. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. STREET ADDRESS		48. NAME	
39. CITY, ST, ZIP		49. STREET ADDRESS	
40. NAME		50. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this block is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 of this report, or on an attached schedule, as applicable.

SIGNATURE: *Gerald E. Steinport*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/10/95 13-855-1816  
1995