

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 625739 (8)

1. Corporation Name
RAYBOB PLUMBING COMPANY, INC.

Principal Place of Business

6819 EDGEWATER DRIVE
ORLANDO FL 32810

Mailing Address

6819 EDGEWATER DRIVE
ORLANDO FL 32810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Same as		26 Same as		06/13/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Above		27 Above		59-1918915	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		Country	
25		30		Country	

9. Name and Address of Current Registered Agent

HOLLOWAY, RAYMOND R
6819 EDGEWATER DR
ORLANDO, FL
32810

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	N/A
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, GRACE H	1.2 NAME	
STREET ADDRESS	160 FOREST LAKE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRG, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT J	2.2 NAME	
STREET ADDRESS	1200 DELK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, RAYMOND R	3.2 NAME	
STREET ADDRESS	160 FOREST LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRG, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MARCIA R	4.2 NAME	
STREET ADDRESS	1200 DELK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: MARCIA R. HAMILTON

04/02/98 (407) 291-9363

CR2E034 (10/97)