

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **636589** (4)

1. Corporation Name
PALM PLUMBING & SOLAR, INC.



Principal Place of Business: **14 UTILITY DR. PALM COAST FL 32137-8444 US**
Mailing Address: **15 FT. CAROLINE COURT PALM COAST FL 32137-8444**

21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified 09/18/1979	3a. Date of Last Report 03/01/1995	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number 59-1950062		Applied For <input type="checkbox"/>
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State					City & State					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
Zip					Zip					7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**CHIUMENTO, MICHAEL D.
4010 KINGS HWY N
PALM COAST FL 32037**

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

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 _____ DATE _____
Signature typed or printed name of registered agent (and if not applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZ, MICHAEL	1.2 NAME	
STREET ADDRESS	80 ARROYO PARKWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH. FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, IRENE	2.2 NAME	
STREET ADDRESS	15 FT. CAROLINE CT.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, RAYMOND J.	3.2 NAME	
STREET ADDRESS	15 FT. CAROLINE CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 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: *Raymond Evans* **RAYMOND EVANS** 2/6/96 904-445-2532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)