

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835673 (5)

1. Corporation Name

EASOM PLUMBING CO., INC.



Principal Place of Business

8416 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address

8416 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

JONES, DAVID EARL
8721 THOMAS DRIVE
PANAMA CITY BEACH FL 32408

3. Date Incorporated or Qualified

12/31/1975

3a. Date of Last Report

01/13/1995

4. FEI Number

63-0572393

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person appointed as registered agent in this filing

Signature of person appointed as registered agent in this filing

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PC	☒ DELETE
2. NAME	EASOM, HERMAN	
3. STREET ADDRESS	8027 SURF DR.	
4. CITY, ST, ZIP	PANAMA CITY BEACH FL	
1. TITLE	STD	☒ DELETE
2. NAME	EASOM, MARY ANN	
3. STREET ADDRESS	8027 SURF DR.	
4. CITY, ST, ZIP	PANAMA CITY BEACH FL	
1. TITLE	VD	☒ DELETE
2. NAME	QUILLIAN, FRANKLIN EARL	
3. STREET ADDRESS	6213 PINETREE DRIVE	
4. CITY, ST, ZIP	PANAMA CITY BEACH FL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PC	☒ Change ☐ Addition
2. NAME	Mary Ann Easom	
3. STREET ADDRESS	8027 Surf Drive	
4. CITY, ST, ZIP	Panama City Beach, FL 32408	
1. TITLE	STD	☐ Change ☒ Addition
2. NAME	KATHY ANN EASOM	
3. STREET ADDRESS	8730 THOMAS DRIVE, UNIT 306	
4. CITY, ST, ZIP	PANAMA CITY BEACH, FL 32408	
1. TITLE	VD	☐ Change ☒ Addition
2. NAME	RONNIE D. WALTERS	
3. STREET ADDRESS	220 EL PRADO PLACE	
4. CITY, ST, ZIP	PANAMA CITY BEACH, FL 32413	
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
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)(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, 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:

Mary Ann Easom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/96

(904) 234-7372

CR2E034 (12/95)