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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 851533 (0)

1. Corporation Name
FRANKENMUTH PLUMBING & HEATING, INC.



Principal Place of Business

2213 ANDREA LN. S. E.
SUITE 107
FT. MYERS FL 33912
US

Mailing Address

2213 ANDREA LN. S. E.
SUITE 107
FT. MYERS FL 33912-0925
US

3. Date Incorporated or Qualified
01/09/1982

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 17281 ALICO CENTER RD

2a. Mailing Address

26 17281 ALICO CENTER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE # 2

27 SUITE # 2

City & State

City & State

23 FT. MYERS, FL

28 FT. MYERS, FL

Zip

Country

Zip

Country

24 33912

25 USA

29 33912-6019

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHORT, DONALD G.
2213 ANDREA LN / SUITE 107
FORT MYERS FL 33912

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 607.0502 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

Sign, print, 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	V	<input checked="" type="checkbox"/> DELETE
NAME	SHORT, RANDY	
STREET ADDRESS	4960 LEWIS RD	
CITY-ST-ZIP	MILLINTON, MI 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SHORT, DONALD G	
STREET ADDRESS	2213 ANDREA LN. SUITE 107	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	SHORT, MARK	
STREET ADDRESS	7660 MEILKE RD	
CITY-ST-ZIP	FREELAND MI 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STILWELL, WILLIAM G	
STREET ADDRESS	4776 PINE LK RD SE	
CITY-ST-ZIP	BONITA SPRINGS, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VICE PRESIDENT
5.3 STREET ADDRESS	WILLIAM CLEMONS
5.4 CITY-ST-ZIP	17281-2 ALICO CENTER RD
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PT MYERS, FL 33912
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

Donald G. Short
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-97

Date

941-433-1841

Daytime Phone #

CR2E034 (9/96)