

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

FILED

Apr 04 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 # F12266 (5)

1. Corporation Name
LAKESIDE PLUMBING, INC.



Principal Place of Business 1015 HARBOR LAKE DR SAFETY HARBOR FL 34695	Mailing Address 1015 HARBOR LAKE DR SAFETY HARBOR FL 34695-2311
--	---

3. Date Incorporated or Qualified 12/19/1980	3a. Date of Last Report 01/29/1996
---	---------------------------------------

2. Principal Place of Business 21 103 Douglas Rd East Suite, Apt. #, etc. 22 Unit D City & State 23 Oldsmar FL Zip 24 34677 Country 25 Pinellas	2a. Mailing Address 26 103 Douglas Rd East Suite, Apt. #, etc. 27 Unit D City & State 28 Oldsmar FL Zip 29 34677 Country 30 Pinellas
---	--

4. FEI Number 59-2046687	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MAGNANTI, PAUL
1767 HUNT LANE
CLEARWATER FL 33516

10. Name and Address of New Registered Agent

81 Name Daniel J. Yeagler
82 Street Address (P.O. Box Number is Not Acceptable) 1881 Sylvan Dr.
83
84 City Clearwater FL
85 Zip Code 34615

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 *Daniel J. Yeagler*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MAGNANTI, PAUL 1767 HUNT LANE CLEARWATER, FL 00000	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOWNING, CHARLES T 278 MAPLE AVENUE PALM HARBOR FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	S Yeagler, Daniel J. 1881 Sylvan Dr. Clearwater, FL 34615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daniel J. Yeagler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 855-2220

CR2E034 (9/96)