

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F22004 (8)

1. Corporation Name
PLUMB-ALL, INC.Principal Place of Business
1984 SW BILTMORE ST
SUITE 120
PORT ST. LUCIE FL 34984
USMailing Address
1984 SW BILTMORE ST
SUITE 120
PORT ST. LUCIE FL 34984-4385
US3. Date Incorporated or Qualified
03/04/19813a. Date of Last Report
02/12/19964. FEI Number
59-2709062Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE VIVO, JOHN
2263 S.W. OAKRIDGE ROAD
PALM CITY FL 3494081 Name John DeVivo
82 Street Address (P.O. Box Number is Not Acceptable)
3152 SW Sunset Trace Circle
83
84 City Palm City FL 85 Zip Code 34990

11. Pursuant to the provisions of Sections 607.0102 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 type and printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DEVIVO, JOHN
STREET ADDRESS 205 BRIDGEPORT RD
CITY-ST-ZIP PT ST LUCIE FL ☒ DELETE1.1 TITLE P
1.2 NAME John DeVivo
1.3 STREET ADDRESS 3152 SW Sunset Trace Cir
1.4 CITY-ST-ZIP Palm City FL 34990 ☒ Change ☐ AdditionTITLE VST
NAME DEVIVO, SUE ANNE
STREET ADDRESS 2263 S.W. OAKRIDGE ROAD
CITY-ST-ZIP PALM CITY FL ☐ DELETE2.1 TITLE D
2.2 NAME Keith DeVivo
2.3 STREET ADDRESS 205 Bridgeport Rd
2.4 CITY-ST-ZIP Port St Lucie FL 34953 ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)