

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G42620** (6)

1. Corporation Name

**POWER PLUMBING, INC.**



Principal Place of Business

Mailing Address

INC.  
% 3937 BELLEVUE AVE.  
LAKE WORTH FL 33461

INC.  
% 3937 BELLEVUE AVE.  
LAKE WORTH FL 33461

3. Date Incorporated or Qualified  
**06/01/1983**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2275239**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINZER, JEFFREY KEITH  
3937 BELLEVUE AVE.  
LAKE WORTH FL 33461**

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LINZER, JEFFREY KEITH	
STREET ADDRESS	3937 BELLEVUE AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	3937 BELLEVUE AVE.	
CITY-ST-ZIP	LAKE WORTH FL (DECEASED)	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	3937 BELLEVUE AVE.	
CITY-ST-ZIP	LAKE WORTH FL (DECEASED)	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, V.P., Sec-Treas D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jeffrey K. Linzer	
13 STREET ADDRESS	SAME ADDRESS	
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Jeffrey K. Linzer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96  
Date

407-969-3388  
Daytime Phone

CR2E034 (3/96)