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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G48208

(4)

	VATER PLUMBING, INC.	Mailing Address					
Principal Place of Business 590 LAKE MUREX CIRCLE P.O. BOX 627 SANIBEL FL 33957		590 LAKE MUREX CIRCLE P.O. BOX 627 SANIBEL FL 33957-0627					
					3. Date Incorporated or Qualified 07/11/1983	3a. Date of La 05/01/199	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2307242		Applied For Not Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.		Certificate of Status Desired		75 Additional se Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution			
7p 24			Country 30	Florida Statutes		y for intangible tax under s. 199.032, Yu Yes \sum No	
CDC	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New F	Registered Agent	
GREENFIELD, STEVEN B. 590 LAKE MUREX CIRCLE			82		dress (P.O. Box Number is Not Accept	(able)	
SANIBEL FL 33957			83				
			84	City		FL 85	Zip Code
11. Pursuant office or	to the provisions of Sections 607 050 registered agent, or both, in the State	12 and 607,1508, Florida Statut of Florida, Such change was	tes, the above	e-named co y the corpor	rporation submits this statement for the ation's board of directors. I hereby acc	1	ing its registered
agent Fa SIGNATURE							
12.			E: Registered Agr	ent signature req	ulred when reinstating) ADDITIONS/CHANGES TO OFF	DATE	TOPS IN 12
100E	P	DELETE 1.1			ADDITIONS/GHANGES TO OFF	Cha	
NAME	GREENFIELD, STEVE		1,2 NAME	ĺ			
STREET ADDRESS	590 LAKE MUREX CIRCLE		1.3 STREET	T ADDRESS			
0:19 - S1 - 2iP	SANIBEL, FL. 00000			ST-ZIP			
TELE	VP DELETE 2:		2.1 TITLE			☐ Cha	inge 🔲 Addition
	OPERACIELD CHADLENE		2.2 NAME				
STREET ADDRESS	590 LKS MUREX CIRCLE		2.3 STREET ADDRESS				
CITY-ST ZIP	SAINBEL FL		2 4 CITY-	ST - ZIP			
זחנו		DELETE	31 TITLE	}		Cha	ange [_] Addition
NAME			3 2 NAME	İ			
STREET ADDRESS				T ADDRESS			
CHY+S1-7IP		☐ DELETE	3.4. CITY-	SI-ZIP		☐ Cha	inge Addition
TITLE		□ orecir	4.1 TITLE 4.2 NAME				ingo 🗀 recition
NAME STREET ADDRESS				T ADDRESS			
C-TY - ST - ZIP			4.4 CITY-5				
1/1LE			5.1 TITLE	V1 - C11		Cha	inge Addition
NAME		 -	5.2 NAME				, —
STREET ADDRESS				I ADDRESS			
C(TY+S1+7)P			5.4 CITY - S				
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	inge Addition
NAME	:		6.2 NAME	-			
STREET AGGRESS			63 STREET	LADORESS			

6.4 CITY - ST - ZIP

SIGNATURE:

OURTED

14. I do licreby certify that the information supplied with this filling 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 adjust 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 of 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 charged, or only a attactment with applications.

FILED

Apr 07 1997 8:00am

Secretary of State