

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H50595

(8)

1. Corporation Name

LANDERS PLUMBING, INC.



Principal Place of Business

3218 N.W. 4TH AVENUE
CAPE CORAL FL 33909

Mailing Address

3218 N.W. 4TH AVENUE
CAPE CORAL FL 33909

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LANDERS, ROBERT E.
3218 N.W. 4 AVE.
CAPE CORAL FL 33909

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 607.07(2) and 607.15(4)(b), 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 607.07(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

DP

[] DELETE

NAME

LANDERS, ROBERT E.

STREET ADDRESS

3218 N.W. 4 AVE.

CITY-STATE-ZIP

CAPE CORAL FL

TITLE

D

[] DELETE

NAME

LANDERS, RUTH A.

STREET ADDRESS

3218 N.W. 4 AVE.

CITY-STATE-ZIP

CAPE CORAL FL

TITLE

V

[] DELETE

NAME

LANDERS, ROBERT E. JR.

STREET ADDRESS

4465 ARMEDA AVE

CITY-STATE-ZIP

FT. MYERS FL

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

SIGNATURE:

Robert E. Landers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 1-941-5746157

CR2E034 (12/95)