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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H53086** (5)

1. Corporation Name

WEST COAST PLUMBING & GAS, INC.



Principal Place of Business

**518 66TH STREET, NORTH
PALM HARBOR FL 34684**

Mailing Address

**518 66TH STREET, NORTH
PALM HARBOR FL 34684**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**EICHNER, CHARLES P.
518 66TH STREET N.
PALM HARBOR FL 34684**

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(1)(a) and 607.15(1)(a), 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 Sections 607.07(1)(a), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Agent

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE DELETE

1.2 NAME **EICHNER, RICKI M.**
1.3 STREET ADDRESS **518 66TH STREET N.**
1.4 CITY-STATE-ZIP **PALM HARBOR FL**

2.1 TITLE DELETE

2.2 NAME **EICHNER, CHARLES P.**
2.3 STREET ADDRESS **518 66TH ST N**
2.4 CITY-STATE-ZIP **PALM HARBOR FL**

3.1 TITLE DELETE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE DELETE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE DELETE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this report is true and correct, for the exemption state in Section 119.07(1)(a), Florida Statutes. I further certify that the information included on this form is correct or supplemental and is required by law and I hereby certify 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 officer or trustee employee I have certified this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes, or one of the filings with an agent.

SIGNATURE: *Ricki M. Eichner* Ricki M. Eichner April 26, 1996 813-784-7988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)