

AMENDED \$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **H55456**
1. Corporation Name
HERZER PLUMBING SERVICE, INC

Principal Place of Business
**17 Robin Road
ORANGE PARK, FL 32073**

Mailing Address
**HERZER'S PLUMBING
P.O. Box 422
ORANGE PARK, FL 32067-0422**

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4/30/1985	1/18/96
22. City & State	27. City & State	4. FL Number	Applied For Not Applicable
23. Zip	28. City & State	59-2571844	
24. Zip	29. Country	5. Certificate of Status Desired	X \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for incurring state tax under S. 193.02 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**Buchman, EDWARD E.
17 Robin Road
ORANGE PARK, FL 32073**

10. Name and Address of New Registered Agent

81. Name	Buchman, GLENNE.
82. Street Address (P.O. Box Numbers Not Acceptable)	3453 REDOAK CIRCLE E.
83.	
84. City	ORANGE PARK
85. State	FL
86. Zip Code	32073

11. Pursuant to the provisions of Sections 607.001 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 to the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as a registered agent. I am hereby authorized to accept the appointment of the above named Florida Statutes.

SIGNATURE *Glenn Buchman*

August 12, 1996

12. OFFICERS/DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> OFFICER
NAME	Buchman, EDWARD E.	
STREET ADDRESS	17 Robin Road	
CITY, STATE, ZIP	ORANGE PARK, FL 32073	
TITLE	STC	<input checked="" type="checkbox"/> OFFICER
NAME	Buchman, BRYAN E.	
STREET ADDRESS	1434 ALLEN MAE COURT	
CITY, STATE, ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> OFFICER
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Buchman, GLENNE E.	
STREET ADDRESS	3453 REDOAK CIRCLE E.	
CITY, STATE, ZIP	ORANGE PARK, FL 32073	
TITLE	STC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Buchman, BETTY J	
STREET ADDRESS	17 Robin Road	
CITY, STATE, ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

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14. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct copy of the original statement of the corporation as required by Section 607.001, Florida Statutes, and that the signature of the undersigned is a true and correct copy of the original signature of the undersigned as required by Section 607.1508, Florida Statutes, and that the signature of the undersigned is a true and correct copy of the original signature of the undersigned as required by Section 607.1508, Florida Statutes, and that the signature of the undersigned is a true and correct copy of the original signature of the undersigned as required by Section 607.1508, Florida Statutes.

SIGNATURE: *Glenn Buchman* **GLENNE Buchman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 12, 1996 264-6171

CR2E034 (3/96)