FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H81096** **(0)**

1. Corporation Name

JIM WILSON PLUMBING, INC.

Principal Place of Business	Mailing Address
395 MIDWAY RD P.O. BOX 12337 FORT PIERCE FL 34979-9337	P.O. BOX 12337 P.O. BOX 12337 FORT PIERCE FL 34979-9337 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **10/14/1985**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2844350** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

WILSON, JIM
395 E MIDWAY RD.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, JAMES D. 395 MIDWAY RD. FT. PIERCE FL	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D JOHN CAMP 304 TRAILS RD. FT. PIERCE FL. 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~BOLLINGTON, DEXTER~~ ~~395 MIDWAY RD.~~ ~~FT. PIERCE FL~~	☒ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	D RANDY MARQUETTE 395 Midway Rd. FT. PIERCE FL. 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP		☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report or on an attachment with an address.

SIGNATURE: James D. Wilson JAMES D. WILSON 2/12/96 (407)461-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)