

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 # J09012 (2)

1. Corporation Name

DOUG'S PLUMBING, INC.



Principal Place of Business

Mailing Address

% DOUGLAS A. EVERMAN
111 INGRAM CIR
LONGWOOD FL 32779

% DOUGLAS A. EVERMAN
111 INGRAM CIR
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 1705 N. Westmoreland Dr.

26 1705 N. Westmoreland Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32804

25 Orange

29 32804

30 Orange

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/11/1986

3a. Date of Last Report
03/03/1995

4. FEI Number
59-2695409

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

10. Name and Address of New Registered Agent

EVERMAN, DOUGLAS A.
111 INGRAM CIR
LONGWOOD FL 32779

1705 N. Westmoreland Dr
Orlando, FL 32804

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

Signature, typed or printed name of registered agent and his/her application

Signature, typed or printed name of registered agent and his/her application

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EVERMAN, DOUGLAS A.
STREET ADDRESS 111 INGRAM CIR
CITY-ST-ZIP LONGWOOD FL 1705 N. Westmoreland Dr
Orlando, FL 32804

TITLE SD
NAME EVERMAN, MARGARET C.
STREET ADDRESS 111 INGRAM CIR
CITY-ST-ZIP LONGWOOD FL 1705 N. Westmoreland Dr
Orlando, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

407-839-6119

Date

Daytime Phone #

CR2E034 (12/95)