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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J84904 (8)

1. Corporation Name
JOHN BUHLER PLUMBING, INC.



Principal Place of Business: **C/O JOHN BUHLER P.O. BOX 2049 VERO BEACH FL 32960**
 Mailing Address: **C/O JOHN BUHLER P.O. BOX 2049 VERO BEACH FL 32961-2049**

3. Date Incorporated or Qualified: **07/27/1987**
 3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for State, City, Zip, and Country.
 4. FEI Number: **59-2872063**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BUHLER, JOHN 3280 12 PL VERO BEACH FL 32960**
 10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BUHLER, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1500 CLUB DR	VERO BEACH FL	1.2 NAME	
CITY-STATE-ZIP: VERO BEACH FL		1.3 STREET ADDRESS	
TITLE: STD	BUHLER, ELIZABETH	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1500 CLUB DR	VERO BEACH FL	2.1 TITLE	
CITY-STATE-ZIP: VERO BEACH FL		2.2 NAME	
TITLE:		2.3 STREET ADDRESS	
NAME:		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.1 TITLE	
CITY-STATE-ZIP:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
NAME:		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.1 TITLE	
CITY-STATE-ZIP:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
NAME:		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.1 TITLE	
CITY-STATE-ZIP:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
NAME:		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.1 TITLE	
CITY-STATE-ZIP:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
NAME:		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Buhler* DATE: *2/26/97*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: *561 231-2284*

CR2E034 (9/96)